

# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

## Big... Bigger... Biggest...

Profit opportunities on every sale of Cuprofen tablets. Cuprofen is the fastest growing ibuprofen brand<sup>1</sup>.

Cuprofen is the No1 recommended analgesic brand in pharmacy<sup>2</sup> and the best selling OTC 400mg ibuprofen<sup>3</sup>.  
Premium brand quality and performance at a price your customers like, with the profit you want - that's Cuprofen.



**FOR IBUPROFEN, CHOOSE CUPROFEN**



Cuprofen Maximum Strength Abbreviated Product Information. Presentation: Pink film coated tablets containing ibuprofen BP 400mg. Indications: For the relief of rheumatic and muscular pain, backache, lumbago, fibrositis, neuralgia, headache, dental pain, migraine, period pain and symptoms of cold, flu and feverishness. Legal Category: P. Product Licence Holder: Cupal Ltd, Blackburn BB2 2DX. Cuprofen is a Trade Mark of Seton. Further information is available on request from the Licence Holder.

1 Independent Pharmacy Audit MAT July 1998. 2 Taylor Nelson Sofres - Counterpoint Q2 1998. 3 Independent Pharmacy Audit MAT July 1998.

### *'Smoke kills' welcome from pharmacy*

*Nurse prescribing rolls out for 2001*

*News review: pay, the clawback and you*

*Test your knowledge of the year gone by*

*Ceuta sets up new division to sell GW OTC lines*



*Update: at home to hygiene or germs this Christmas?*

Online at <http://www.dotpharmacy.com/>



**Prescribing  
Information**

**E45 Emollient Wash cream**

White, non foaming, creamy emollient soap substitute which contains Paraffinum Liquidum, Cera Microcrystallina, Zinc Oxide, Laureth-4, Polyethylene, Cetyl Dimethicone, Aluminium Stearate, BHT, Stearic Acid.

**Uses**

For washing of dry, itchy skin conditions such as eczema, dermatitis ichthyosis and psoriasis.

**Dosage and Administration**

Adults and children: Use as required.

**Contra-indications,**

**Warnings etc**

E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should take care not to slip when using before bathing and showering.

**Package Quantities** 250ml pump pack.

**Basic NHS cost** 250ml £2.75.

**Status** ACBS listed.

**Manufacturer** Crookes Healthcare Ltd, Nottingham NG2 3AA.

**Date of Preparation**

October 1998.

**E45 Cream**

White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

**Uses**

For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

**Dosage and Administration**

Adults and children: Apply to the affected part two or three times daily.

**Contra-indications,**

**Warnings etc**

E45 Cream should not be used by patients who are sensitive to any of the ingredients.

**Package Quantities**

Tubes containing 50g. Tubs containing 125g and also 500g.

**Basic NHS Cost**

50g £1.18, 125g £2.39, 500g £5.61.

**Legal Category** GSL.

**Product Licence Number** PL0327R/5904.

**Product Licence Holder**

Crookes Healthcare Ltd, Nottingham NG2 3AA.

**Date of preparation**

October 1998.

**E45 Emollient Bath oil**

Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.

**Legal Category** ACBS listed.

**Date of preparation**

October 1998.

**References.**

1. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 2. Blaszczak-Kostanecka M, Prystupa K, Shaukat N. Poster presented at EADV, Nice, 1998.

**Soap and water don't hurt.  
Unless you've got eczema.**



The harsh action of soap makes eczema worse. That's why E45 Wash is formulated without soaps or detergents.

As a non-drying emollient cleanser, E45 Wash is unique with clinically proven benefits in the management of eczema.<sup>1</sup> And now, recent



evidence proves how effective it is when used in combination with E45 Cream and E45 Bath, as E45 Complete Emollient Therapy.<sup>2</sup>

Just as importantly, E45 Wash is convenient and pleasant to use which means compliance.

Would you accept any other substitute?

**The soap-free substitute suitable for eczema.**





# CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 250 No 6168 139th YEAR OF PUBLICATION ISSN 0009-3033

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## COMMENT

Primary healthcare in the 21st century is everybody's business, says the World Health Organisation. Recently it hosted a meeting to celebrate the 20th anniversary of the Alma-Ata Declaration of Health For All. The declaration embraced primary healthcare as an ethical and cost-effective way to improve quality of life. It encompasses prevention, health promotion, cure and rehabilitation, and its aims are reflected in part in the shift from hospital care to primary care seen in health services in the UK. But 20 years on, the world is a vastly different place. Economic instability, globalisation and the triumph of the free market credo has meant more pressure to produce profits and a shift to private health systems. In the UK a growing elderly population and the difficulties in funding their healthcare demands from taxation has persuaded the Government to encourage people to take more responsibility for their health. From a pharmacist's perspective, the Government's efforts to promote healthcare outside the confines of the NHS have been patchy. POM to P switches have given pharmacists a more effective OTC armoury, but the Government has lost control of the process to OTC manufacturers, who have just as much an eye on their bottom line as they do the wellbeing of their customers. While acknowledging the importance of an accessible pharmacy network, government has done little to support it. It has stood aside over RPM. It continues to fund NHS dispensing service on the cheap and starves pharmacists of the investment they need to deliver the wider services it envisages. What pharmacists want is a strategy that sets out their place in the primary care team, an end to the confusing signals, and above all a contract that recognises their worth.

And finally, we would like to wish a happy Christmas to all our subscribers, and our hopes for a prosperous 1999 (less discount, of course!).

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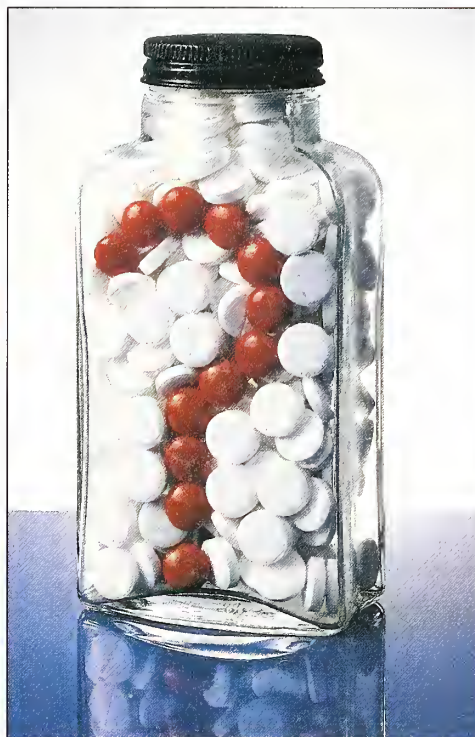
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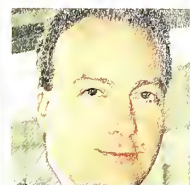
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# White Paper on smoking highlights pharmacy role

The main pharmacy organisations have welcomed the Government's White Paper on smoking and its call for better use of pharmacists in smoking cessation. They hope to see early moves to make nicotine replacement therapy available on the NHS.

The White Paper contains several references to the contribution pharmacists and other health professionals can make in helping smokers to quit.

"Doctors and other health professionals such as nurses, dentists and pharmacists can advise smokers to give up in the course of their day-to-day contact with them," says the White Paper, 'Smoking kills'.

A half-page 'statement of intent' from the Royal Pharmaceutical Society, the National Pharmaceutical Association, Guild of Healthcare Pharmacists and Company Chemists' Association, says: "Pharmacists in both community and hospital practice are particularly well placed to provide counselling, advice and support to smokers on how to give up, and on the range of medical products available to help them do so. We see pharmacies ... as an integral part of good local smoking cessation services and we are keen to co-operate with the NHS, and others at a local level, to develop and evaluate them. We believe there is also scope for further development of the role of community pharmacies as health promotion settings, and the support of pharmacists in public health is impor-

tant here. We look forward to a developing partnership with the Government on smoking cessation."

A major part of the Government's £100 million plan for tackling smoking is a £60m national smoking cessation programme. GPs and others will be able to refer smokers keen to give up, for a course of specialist counselling, advice and support. Smokers motivated to stop will also be able to enrol for courses without being referred.

The Government aims to raise the profile of NRT and to encourage smokers to try it. Counsellors will offer a week's supply free to those smokers least able to afford it.

The new services will be located first in areas of greatest need and tailored to suit the needs of local smokers. In 1999-2000, the health action zones in England will receive £10m for this purpose. Funding will increase to £20m in year two and £30m in year three, to develop services more widely, subject to evidence that the investment is effective.

The aim is for services to be up and running as soon as possible after April 1. Health improvement programmes

will be expected to include local strategies to tackle smoking, particularly in the worst-off areas. Pregnant women will be a particular focus for NHS help and advice. The Health Education Authority will develop smoking cessation guidelines for health professionals.

About £50m will be committed over the next three years for a 'sustained and co-ordinated' new health education campaign, targeted at young people and adult smokers who want to quit, particularly the less well off. A new media campaign will start next autumn.

Evaluation will be a fundamental feature: "We will not only monitor general awareness of the campaign among the target audience, but more particularly we will test its impact on their attitudes."

Education and support is also important for smokers who use NRT, says the White Paper. "We will explore the scope for collaborative working with professional bodies representing pharmacies and pharmacists, as well as manufacturers of NRT."

The aim is to reduce the number of smokers by 1.5 million by 2010 and the White Paper cites three main targets:

- to reduce smoking among children from 15 per cent to 9 per cent or less
- to reduce adult smoking in all social classes so that the overall rate falls from 28 per cent to 24 per cent
- to reduce the percentage of women who smoke during pregnancy from 23 per cent to 15 per cent.

When commissioning research, the Department of Health will give high priority to research into smoking. Further research is needed on:

- the safety of NRT when used in pregnancy by women who cannot quit but want to minimise harm to their babies
- the safety and effectiveness of NRT when used as an aid to smoking less, when used over long periods and when used in children
- evaluating the efficacy of different settings in helping smokers to stop, eg GP surgery, pharmacy or school.

The Society's Council is preparing a response to the White Paper, suggesting how pharmacists can be involved, both nationally and at a local level. Head of professional support Roger Odd told C&D that pharmacists would probably have the most opportunity to take part in local projects and would be encouraged to do so when more information was known about how

the £60m would be devolved for smoking cessation programmes.

## Reactions

The Pharmaceutical Society of Northern Ireland's president, Terry Maguire, was interviewed on BBC Radio 4 'Today' programme the morning the White Paper was published. He spoke about the need to offer more support to smokers who want to stop and mentioned how pharmacists, GPs and practice nurses could offer this.

The NHS Confederation welcomed the White Paper but criticised the cessation programme as inadequately resourced. Chief executive Stephen Thornton said it would do little to help people on low incomes give up smoking. Smoking-related illnesses cost health authorities an estimated £1.7bn so the £60m for advice clinics was "a meagre sum given the massive burden these illnesses place on the NHS". Introducing advice clinics only in health action zones was rationing, he said. Instead there should be a national network to help all low-income smokers.

SmithKline Beecham, which markets Nicotinyl CQ, welcomed the new emphasis on NRT. "This represents a dramatic move away from the old policy of chastising smokers, in favour of offering those who want to quit their best chances of success through proven support methods rather than relying on will power alone," the company said. SB will be meeting the DoH to discuss how to help in this effort.

During a debate in the House of Commons, Alan Duncan, opposition spokesman on health, accused the Government of introducing a two-tier system of health service provision. Making a nicotine patch available only to those on low incomes amounted to a means test for healthcare.

Dr Peter Brand, Liberal Democrat spokesperson on health, said a week's supply of NRT was "neither here nor there" and would not help anyone to make a real effort. Smokers should be offered a supply as a condition of attendance at a clinic. Health secretary Frank Dobson said some people would be offered free patches for a week or perhaps longer. Most smokers spent more than £15 a week on smoking so they would get to know how it felt to use patches and, "providing that clinical support continues, we hope they will think it a bargain to spend a bit less on patches than they were spending on the cigarettes that were harming them".

## President's Christmas message

Hemant Patel, president of the Royal Pharmaceutical Society has issued a Christmas statement.

"The Christmas spirit is about the birth of hope and about sharing, generosity and looking after the vulnerable. In my time as president, I have met many pharmacists from around the world who are working selflessly, often in very difficult conditions, for the health of their communities. My Christmas tribute goes to these colleagues in their tireless efforts for those

less fortunate than themselves.

"Christmas is also a time for children and I hope that our members will be able to spend some quality time with their families in this special season of goodwill."

Mr Patel was speaking from the Indian Pharmaceutical Congress's golden jubilee meeting in Bombay.



## Pharmacy winner of DTI 'Consumers first' award

A pharmacist and his wife are among the winners of the Government's 'Consumers first' award.

Bhavin and Manuela Shah were selected from over 600 nominations for one of the 19 Department of Trade and Industry's awards. The scheme was launched in June to reward outstanding customer service "by giving those businesses who really appreciate their customers a very public pat on the back".

Mr and Mrs Shah, who have owned their pharmacy in Barnehurst, Kent for about 18 months, were nominated by customer Claire Mires "for the endless

trouble they go to, to ensure their customers are well served". In particular, the Shahs had helped Ms Mires' mother while she was very ill.

The Shahs only found out last week that they were to receive the award. "I am very pleased. Customers do appreciate the service and [the award] gives us more confidence," said Mr Shah. "I'm well chuffed."

Announcing the awards, consumer affairs minister Kim Howells said: "These awards show that customers do notice that little bit extra. As we all know, personal recommendation is the best endorsement for any business."



# Guidance issued on nurse prescribing implementation

Guidance on the implementation of nurse prescribing across England has been issued.

The NHS Executive is asking its Regional Offices to draw up plans to ensure that all suitably qualified nurses have received training and are able to prescribe by March 2001. A total of £14 million will be made available to pay for training, nursing cover, and other associated costs. It is also proposed to allow Primary Care Act pilot nurses who are not employed by NHS Trusts to prescribe.

GPs employing nurse prescribers, who will be issued with their own pre-

scription pads, will be required to inform the health authority within 24 hours so that pharmacists will be able to check whether a nurse is entitled to prescribe. Similarly, NHS Trusts will also have to inform HAs of community nurse prescribers employed by Trusts.

The NHSE's guidance to HA and NHS Trust chief executives stresses that a joint approach to the implementation of nurse prescribing will be vital. "In particular, it is essential to ensure the GPs and community pharmacists are involved in the process. Community pharmacists need to be aware of the progress of the scheme so

that they can be effective in their dispensing of nurse prescriptions," says Health Service Circular 1998/232.

Nurse prescribing has been piloted in England since 1994. This April, health secretary Frank Dobson announced the scheme would be extended across England. Results from the pilot studies found that nurse prescribing has brought about a better targeted prescribing of Nurse Prescribers' Formulary items as well as more cost-effective prescribing of items, especially in the higher cost areas although it is cost neutral in terms of prescribing costs.

## Pharmacy In a New Age to go on the road in January



Michael Bland (left) and Geoff Watts (right)

Pharmacy in a New Age will take to the road in January with the first of the Royal Pharmaceutical Society's 'Over to you' road shows.

Sherwood Region will play host on January 25 at the Trent Bridge Cricket Ground. Besides presenting the 'Over to you' audio-visual spectacular, two guest speakers will discuss stress management and how to communicate more effectively.

Michael Bland is a consultant and

lecturer dealing with stress and crisis management and will talk on recent theories about stress and approaches to handling it. Geoff Watts, presenter of Radio 4's 'Medicine Now', will look at simple, practical rules to apply when talking to colleagues, patients, the media or other professionals.

To reserve a place at the road show, which starts at 7.45pm for 8pm, contact Amanda King, publicity officer at the RPSGB on 0171 735 9141 ext 333.

## Tackling prescription fraud is a priority for the NHS

NHS fraud busters aim to produce the most robust figures possible on the extent of prescription fraud, by the end of this financial year.

Prescription fraud is estimated to cost the NHS at least £150 million a year. The aim is to reduce fraud committed by patients by at least half by 2002-2003. For NHS contractors, the aim is to prevent £9m in fraud and to recover a further £6m by the end of 2001-2002.

One practice to be tackled is that of pharmacists substituting an expensive

drug with a cheaper alternative, then claiming for the most expensive one. The NHS Executive's 'Countering fraud in the NHS' document, published last week, claims some pharmacists have made significant amounts of money in this way. In other cases, items have been added to prescriptions or the amounts of drugs prescribed have been altered to increase payments. One pharmacist, in applying for emergency fees, claimed to have been called out over 400 times in one

month. The document gives similar examples of how doctors, dentists and opticians have cheated the NHS.

The new strategy aims to create an anti-fraud culture in which anti-fraud measures represent the strongest deterrent possible. If fraudsters are not deterred, there will be systems in place to prevent loss to public funds. Processes will be set up to detect and investigate fraud, and attempts made to recover stolen money. Tough sanctions will be applied where fraud is proven.

## North East HAs and Trusts set up pharmacy practice unit

A pharmacy practice unit has been set up in the hope of encouraging pharmacists back into practice or to remain working in the North East.

The unit was established last month as a joint venture between five NHS Trusts and Tees & Durham Health Authorities. Besides running practice research programmes, the unit will also be working with pharmacists across the area to develop training and mentoring packages. It also aims to support and foster practice research in areas

where practising pharmacists have an interest. Earlier this year, the Tees Primary Care Pharmacists' Group was set up to support primary care pharmacy practice (C&D August 15, p4).

One of its main purposes is to create an attractive working environment for pharmacists to try to tackle the potential manpower shortfall created when pharmacy undergraduate courses are extended by one year in 2000, and to fill an increasing number of pharmaceutical/prescribing adviser posts.

Although there will be an emphasis on promoting hospital pharmacy to young pharmacists and those on career breaks, Dr Holden says the unit wants to be more inclusive. "We are there to support practitioners in primary care groups or in practice, too, to give them a support network," he said.

Dr Holden, with colleague Colin Costello, is currently seeking funding to establish practice projects in the areas of anti-coagulation therapy in a trial fibrillation patients and lithium

## IN BRIEF

### Boots employees charged

Boots the Chemists say it understands that the police have charged two of its employees with manslaughter following the death of the infant Matthew Young in Runcorn earlier this year (C&D May 30). "We continue to support those members of staff who have transferred to other duties. We are not in a position to comment further on the case until the court proceedings are concluded," the company said in a statement issued this week.

### Dequadin recall

A batch of Dequadin Throat Lozenges, number 7S, with expiry date March 2001, is being recalled by Craikes Healthcare Ltd due to contamination by metal fragments. The Medicines Central Agency issued the Class 2 medicines recall drug alert on December 10. Further information is available on 0800 917 1280. Consumer adverts have appeared in national newspapers.

### Pharmacy Update enrolment

Last week's issue of *Chemist & Druggist* unfortunately contained an error over the cost of the Pharmacy Update telephone marking service. The actual price for readers wishing to participate in the scheme for 1999 is £17.63 (including VAT).

### Crown review date

Although the Department of Health is saying officially that the Crown report into prescribing will be published "shortly", a Whitehall source said last week that it is "unlikely" that this will be before Christmas. The source hinted it is more likely to be early January.

### Input on checks material

PSNC is hoping for an early meeting with the NHS Executive to discuss leaflets and PoS material that will inform patients of the need to provide evidence of entitlement to free prescriptions from April. The Government is planning a publicity campaign in the New Year.

therapy in bipolar patients. The survey into pharmacists' attitudes about emergency post-coital contraception (C&D October 24, p5) has also been transferred to the unit.

"If we can become a beacon of pharmaceutical excellence, we might be able to compete with other centres of excellence around the country and get young people to come and work here," he said.

Dr Holden can be contacted on 01429 866966.



# Patient packs: carry on as at present

Guidance on the medicines labelling and leaflet requirements, coming into force on January 1, has been issued by pharmacy heads.

Under EC directive 92/27, there is an obligation on pharmacists to ensure that patients receive medicines accompanied by the approved patient information leaflet and labelled in compliance with the directive. However, pharmacists may have to continue with existing dispensing arrangements in some cases.

A joint statement on the patient pack initiative was issued on Tuesday by the Royal Pharmaceutical Society, National Pharmaceutical Association and Pharmaceutical Services Negotiating Committee. They point out that no changes have been made to the existing dispensing and reim-

bursment arrangement or to the Pharmaceutical Regulations. In addition, some medicines are still available in bulk containers.

There is also a requirement to dispense the exact quantity prescribed, subject to the special container/calendar pack arrangements as listed in the Drug Tariff, but which currently do not include patient packs as a class.

"There will, therefore, be occasions when pharmacists may be unable to provide the approved leaflet and label when the medicine is dispensed," says the statement. "When a medicine is prescribed in a manufacturer's original pack, it can be dispensed with the full labelling and with the approved leaflet. In other cases, pharmacists may have no option but to continue with the existing dispensing arrangements.

"Whenever it is reasonably possible, packs bearing the manufacturer's label and the pharmacy label accompanied by the approved patient information leaflet should be provided."

The Society's head of professional support Roger Odd commented: "It's a totally unsatisfactory position for pharmacists to be in and it worries us that patient safety may be compromised. We have got to continue to work very hard by putting pressure on the Department of Health to find a resolution to this problem."

In terms of bulk containers, pharmacists will be able to continue to run stock down, and the DoH is aware that this will happen, said Mr Odd. "The worry is that if a member of the public decides they have not had all the information they want, they will have

recourse to the pharmacist and possibly to the manufacturer.

The responses to the consultation letter MLX 247 which may modify the Government's approach to the PPI (C&D September 19, p4) are expected to be with the health minister by Christmas. The delay follows the DoH's rejection of the plans put forward by industry, pharmacy and medical bodies because they were too costly. However, no alternative has been put forward.

As late as Tuesday this week, public health minister Tessa Jowell could not say what precautions the DoH has made and what discussions it has had with the industry to ensure that the directorate will be implemented, nor what assessment the DoH has made of the industry's ability to comply with the regulations.

## Diabetes awareness day prompts regular clinic

The success of a diabetes awareness day, supported in part by Rugby pharmacists, has prompted the formation of a monthly diabetes clinic.

Over 500 people attended the October event and 14 new cases of diabetes were identified. Pharmacist Balwant Mistry of Lister Chemists has now helped establish a regular clinic, supported by the Rugby Indian Association and local branch of the British Diabetic Association.

Although aimed at the Asian community, the clinic will be open to everyone in Rugby. Among the screening tests on offer will be blood sugar,

cholesterol and blood pressure, and a mobile unit will assess damage to the eye by taking retinal photos.

The clinic will work in conjunction with local pharmacists, GPs and hospital specialists. Besides diabetes, it will also look at health areas such as heart disease, cancers, mental health, nutrition, asthma, smoking cessation and lifestyle.

Mr Mistry says the October awareness day (C&D October 24, p6) was a great success, with 340 people taking part in health checks.

The first clinic was to be officially launched on December 17.

## Health stores protest at MCA plans

Health food stores are being urged to protest to the Medicines Control Agency about plans to tighten up controls on borderline products.

The National Association of Health Stores is asking retailers to complain about the consultation letter MLX249 which proposes to give the MCA statutory powers to categorise borderline products as medicinal and place the burden of proof on the manufacturer.

"If it [the proposal] is allowed to go through, the MCA will have authority to remove whichever product it chooses from your shelves. There will be no effective recourse in law," says NAHS. From April 1999, the MCA would be able to remove "most of our top selling herbs from open sale".

"This type of destructive activity

will not be stopped unless we take effective action now... it will make the B6 struggle look like a picnic unless we can halt this proposal in its tracks."

The letter from NAHS urges retailers to write to MPs, suppliers, wholesalers and newspapers, as well as to the MCA. It gives a list of points to make but stresses that they should be in the writer's own words. One claim is that standards of safety under food law are much higher than those under the Medicines Act, when a risk/benefit ratio is used to determine whether a product should be allowed on the market. The association also complains about the time allowed for consultation and that the MCA would infringe basic legal rights by becoming judge, jury and executioner.

## PPA not informing on exempt script changes claim

Liverpool pharmacists are concerned that the Prescription Pricing Authority may be failing to inform contractors that it is treating exempt prescriptions as paid in certain circumstances.

Contractors are seeing discrepancies between the number of prescriptions submitted as exempt and the number the PPA acknowledges as exempt. For one contractor, this has represented a loss of about £40 to £60 each month, but last month the difference was nearer £100.

However, the PPA says that with insufficient resources, it is not able to inform contractors of every instance of when a prescription with an incomplete exemption declaration is swapped to the paid 'bundle'.

Concern centres around prescriptions submitted as being exempt from the levy but which have incomplete declarations. Rather than being returned to contractors to be completed correctly, the Department of Health has for some time instructed the PPA to treat such prescriptions as having had a £5.80 levy paid.

Concern over the lack of information and the size of losses to contractors has prompted Liverpool Local Pharmaceutical Committee to raise the matter at the national LPC Conference in March.

A letter headed 'Highway robbery' has been sent out by Liverpool LPC secretary Jeremy Clitherow and says: "If we played tricks like that, it

would be rightly seen as fraud."

Pharmaceutical Services Negotiating Committee head of technical & information services Gordon Geddes said that the PPA should notify the health authority, who then notifies the contractor. But they will not notify if the number is insufficient - typically this would be about 20 forms.

However, LPC secretary Jeremy Clitherow argued that this does not happen in practice. He believes that "an incomplete declaration is simply that, incomplete".

PPA chief executive Alan Hilton told C&D that this is not a new problem. "The Department view is that the pharmacist has these instructions and should therefore meet them," he said.



**Pictured in The Garden Pharmacy, London, at last week's launch of the Pharmacy Healthcare Scheme/Health Education Authority 'Take heart from sensible drinking' campaign are PHS project manager Rubina Mohammed (left) and HEA alcohol programme manager Dr Lynne Friedli**



## Retailing takes on a global flavour

There is no doubt that November was an epic month for retailer consolidation across the world. On the North American continent, Sainsbury announced the acquisition of Star Markets, to add to its Shaw chain. Through this acquisition the company has clearly signalled to the city its strategy of becoming a global retailer.

Further north, Loblaw has strengthened its position as Canada's largest supermarket chain with the \$1.6 billion takeover of Quebec rival Provigo. Walmart, the world's largest retailer, has announced record third quarter results for its international operations in Argentina, Brazil, Canada, China, Germany, Korea, Mexico and Puerto Rico.

**"What is clearly emerging is the increasing globalisation and Europeanisation of retailing".**

There has again been speculation, fuelled by a deputation of Walmart's management visiting the UK, that Walmart plans to enter the UK retail market through targets such as Asda, Sainsbury or the troubled Booker.

Here at home, Tesco has announced a major investment programme to develop its non-food business, and convenience store chain Budgen has acquired the home shopping company, Teleshop, giving it a foothold in the fast growing home shopping market.

And most important of all to the pharmacy community in the UK, Germany's Phoenix Pharmahandel, Europe's third largest pharmaceutical wholesaler, has made the strategic move into the UK with the acquisition of Phillip Harris Medical and L. Rowland.

All this in just one month.

What is clearly emerging is the increasing globalisation and Europeanisation of retailing, with a speed of change likely to accelerate rather than slow down. How UK pharmacy businesses will be affected remains to be seen, but consolidation here is likely to be as fast as the changes happening on a global basis. *Written by a leading industry manager.*

# Xrayser

Topical Reflections

## Pushing for information may not be to patients' advantage

'First Sight' on BBC2 last Thursday evening (December 10) complained that patients are unable to make an informed choice over drug treatments because they are denied vital clinical trial information by drug companies and the Medicines Control Agency.

This was a fair criticism backed up by some dubious case histories, but it raised an important issue. How should drug information be provided in order that the consumer is able to make an informed choice?

Not long ago all drugs contained inserts for professional use only and these were removed before dispensing to the patient. Now a limited patient information leaflet is enclosed, with fuller information provided by the legal 'Summary of Product Characteristics'. Neither is totally satisfactory or comprehensive and the statistical data in the SPC does not enable informed judgment.

But as the amount of available information increases so does patients' desire for further explanation. This is understandable but potentially dangerous for the pharmacist who is increasingly being asked to provide a risk/benefit assessment without necessarily having the correct information.

No medicine can be both 100 per cent effective and 100 per cent safe, yet this is what the champions of consumer protection are seeking. The use of medicines in the treatment of disease always involves risk, but the balance of risk will change according to the needs of the patient, and I am rarely in a position to provide a truly informed judgment.

The inevitable effect of this kind of 'watchdog' consumer pressure will be to make the ultimate decision the responsibility of the patient, but for this to be sustainable, the patient information leaflet must contain a full disclosure of safety information.

Most patients will look at the incomprehensible mass of small print and take the medicine as advised, but for those who wish, the information will be there to be analysed.

A refusal to take the drug, or a



request for a safer alternative, may not result in the best health outcome for the patient but it will be their choice and when they ask me for my opinion I will remain politely noncommittal.

## It could have been worse, but it could be better

This is both the last issue of *C&D* before Christmas and also the last edition for this penultimate year of the millennium. (For those of you who want to be pedantic, I know the real millennium isn't for another two years, but I am not a purist).

Christmas will be, in the end, better than I had anticipated, although not a patch on Christmases past. My sales of perfume rose for the first time for many years and aromatherapy candles, oils and burners have sold particularly well.

This year I also tried some children's soft toys and, despite the competition from computer play stations, my elderly customers have appreciated availability of these more traditional presents.

Politically, the less said the better. Once again my professional contribution has been ignored, my income reduced and consequently my margins eroded further. The discount clawback is the final straw.

Yes, I know, strictly speaking, it is not my money, but from where else can I make that little bit to invest in those improved patient services I am supposed to supply. Out of a £0.94 dispensing fee, I suppose!

Not a very encouraging year down on the shopfloor, but perhaps things can now only improve! Meanwhile to you all a very happy Christmas and a prosperous New Year.

## Good idea in a strange light

I recently dispensed a private prescription. Not an unusual event until the lady asked me for a photocopy of the prescription for her own records. On the photocopy the repeating word 'void' became visible all across the copy whereas this was not visible on the original.

Now in these days of fraud awareness I thought this hidden message was ingenious. I know the new NHS prescription forms have a hidden motif only visible under UV light, but they still photocopy perfectly well and I do not have the facility to examine every script presented under UV light.

If, instead of the UV visible message or in addition to it, the NHS was to include this hidden message system, then one more opportunity for fraud could so easily be limited.



# Script specials



## IN BRIEF

**Adizem multidose discontinued**  
Napp is to discontinue Adizem 60mg Tablets at the end of the year. The twice-daily Adizem SR Capsule range and the once-daily Adizem XL Capsule range will continue to be available.

Napp Laboratories. Tel: 01223 424444.

**Ventolin Evohaler hits England**  
Ventolin Evohaler, the CFC-free salbutamol inhaler launched in Ireland and Scotland in September, will be available to the rest of the UK from January 18.

Allen & Hanburys. Tel: 0181 990 9888.

**Syntopressin discontinued**  
Novartis Pharmaceuticals will be discontinuing Syntopressin (lypressin) 50iu/ml nasal spray from January/February next year. Users should be referred back to their doctors for alternative medication.  
Novartis Pharmaceuticals UK Ltd. Tel: 01276 692255.

## Ticlid: to inhibit platelet aggregation

Sanofi Winthrop has made Ticlid (Ticlopidine) commercially available for prevention of stroke and ischaemic accidents.

Ticlopidine is a platelet aggregation inhibitor. It is indicated in stroke prevention for patients who have experienced at least one of the following events: complete thromboembolic stroke, minor stroke, reversible ischaemic neurological deficit, or transient ischaemic attack including transient monocular blindness.

It is also licensed for the prevention of major ischaemic accidents, particularly coronary, in patients with chronic arterial disease of the lower limbs.

In view of the risk of serious haematological and haemorrhagic side effects, Sanofi Winthrop recommends that therapy should be initiated in hospital. The haemorrhagic adverse

effects can be associated with concomitant administration of anticoagulants or antiplatelet drugs such as aspirin and non steroidal anti-inflammatory drugs. Full blood counts should be performed when treatment begins and then every two weeks for the first three months of therapy.

The usual dosage is one 250mg tablet twice daily with meals.

Contra-indications include haemorrhagic diathesis, active duodenal ulcer or haemorrhagic cerebrovascular accident in the acute phase, and blood disease involving prolonged bleeding time.

Ticlid was previously only available on a named patient basis.

Ticlid tablets are available in cartons of 60, at a basic NHS price of £100.  
Sanofi Winthrop Ltd. Tel: 01483 505515.

**Havrix Junior discontinuation**  
Due to decreased demand, Havrix Junior has been discontinued. Havrix Junior Monodose (single and ten dose) continues to be available.  
SmithKline Beecham Pharmaceuticals. Tel: 01707 325111.

**Bricanyl Respirator Solution**  
Bricanyl Respirator Solution has been repacked from 10ml to 20ml packs. (Basic NHS price, £2.64).  
Astra Pharmaceuticals Ltd. Tel: 01923 266191.

**Generic gliclazide**  
Ethical Generics has launched gliclazide 80mg tablets (60, £7).  
Ethical Generics. Tel: 01635 568400.

**Changing hands**  
The marketing rights for Nardil tablets 15mg and Opilon tablets 40mg have been acquired by Hansam from Parke-Davis. Distribution will be through Unidrug.  
Hansam Healthcare Ltd. Tel: 0171 640 0036.

## MEDICAL MATTERS

### Erectile dysfunction framework produced

A new framework for the diagnosis, treatment and assessment of erectile dysfunction (ED) by GPs has been introduced.

The framework has been developed by a multidisciplinary group - the Erectile Dysfunction Issues and Consensus for Treatment (EDICT) task force. It is designed to help GPs manage ED effectively, thereby reducing referrals to secondary care.

Guidance on investigation and diagnosis of the condition is contained in the framework, as well as a summary of currently licensed drug therapies.

The guidance has been produced following pressure from consultant urologists for GPs to take responsibility for ED management. To accompany the framework, the task force has produced a consensus statement defining current thinking on the causes, symptoms and management of ED.

The EDICT task force includes GPs, a specialist nurse, a psychosexual counsellor, consultant urologists and a diabetologist. It is supported by an educational grant from Astra Pharmaceuticals. Copies are available from Astra on 0800 783 0033.

## A 'promising drug' for flu

The use of zanamivir by inhalation relieved the symptoms of flu 1.5 days earlier in the 'intention to treat' population than placebo, according to the results in this week's *Lancet*.

In high risk patients (eg mild asthmatics) symptoms were alleviated a median of 2.5 days earlier, and fewer had complications or used antibiotics compared with the placebo group.

Zanamivir is an inhibitor of the flu virus enzyme neuraminidase which is essential for the release of newly synthesised virions from infected cells.

Hence it interrupts the propagation of the virus within the respiratory tract.

The trial recruited 455 patients with flu-like symptoms of 36 hours duration or less who were randomly assigned 10mg inhaled zanamivir or placebo twice daily for nine days. The patients recorded symptoms four times daily during treatment and twice daily for nine days after treatment.

The primary endpoint of the study relied on self-assessment of symptoms by patients, irrespective of the underlying medical condition. This was

judged to be appropriate because patients present with symptoms rather than signs.

Commenting on the results, Robert Read of Sheffield University Medical School said zanamivir is a promising drug but has a major disadvantage in that it needs to be given within 30 hours of the onset of symptoms. However, patients rarely seek medical attention at this stage and it would have to be prescribed blind because confirmatory tests for within such a tight timescale are not available.

## Breast cancer benefits from osteoporosis drug raloxifene

A new indication might be on the way for Lilly's osteoporosis drug raloxifene (Evista).

New studies into the disease show raloxifene also reduces the incidence of breast cancer by 55 per cent among postmenopausal women taking the drug for more than three years.

The data to support the claim has been gathered from 10 575 postmenopausal women enrolled in ten

randomised double blind placebo controlled osteoporosis studies. Some 7,700 of these women are taking part in the six-year Multiple Outcomes of Raloxifene study. The remainder are healthy postmenopausal women enrolled in osteoporosis prevention trials. Women were not enrolled based on breast cancer risk.

Next year sees the start of a major study funded by the National Cancer

Institute in the US, involving 22,000 women at high risk of breast cancer. It will compare the safety and effectiveness of tamoxifen and raloxifene in preventing breast cancer.

Meanwhile, raloxifene therapy supplemented with calcium and vitamin D has been shown to reduce an osteoporotic woman's risk of first spinal fracture by 55 per cent compared to placebo and supplementation.





*Her boyfriend's an hour late  
She's already started to think of her pharmacist*

Truth is, she's thinking of how to beat her desire for a cigarette. And her pharmacist's advice has been crucial. She was recommended NiQuitin CQ. The NiQuitin CQ patches have certainly helped take the edge off the need, making each day more bearable. But enrolling in the Committed Quitters

Stop Smoking Plan put everything into perspective. It's personalised for her, and that's how she knew a restless wait could be tough. And it's how she knew the way to cope. So why think of her pharmacist? Because at least when it comes to giving up smoking, it's good to know she's not alone.

**NiQuitin CQ**  
Nicotine

STOP SMOKING AID



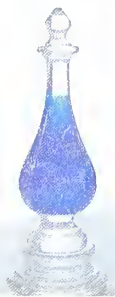
HELP HER STAY CALM, IN CONTROL - AND QUIT

**NiQuitin CQ Product Information. Presentation:** Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm<sup>2</sup> patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm<sup>2</sup> patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm<sup>2</sup> patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. **SB** Apply patch to clean, dry skin site once a day preferably

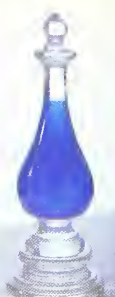
soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypotension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, pheochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other

nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; NiQuitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.





# Counterpoints



## Lips can benefit from AHA's

Dendron will be introducing a revitalizing lipcare product in its Blistex range in January.

Blistex Lip Revitalizer is formulated to gently exfoliate damaged, rough lip cells and improve the condition of the lips.

The product contains alpha hydroxy acids, moisturisers and has an SPF of 15 to protect against the sun's



harmful rays.

According to the manufacturer, it helps reduce the appearance of fine lines and wrinkles on the surface of the lips within around one month of consistent usage.

Retailing at £2.95, the product is presented in a 5g tube with slanting applicator for easy use.

**Dendron Ltd.**  
**Tel: 01923 229251.**

## Closing times over Christmas

● Astra Pharmaceuticals will be closed from 5pm on December 23 and will reopen at 8am on December 29. The offices will be closed on January 1 and will reopen at 8am on January 4. During the closure period, the company can be contacted on 01923 266191 for emergencies only.

● CP Pharmaceuticals will be closed from noon on December 24 and will reopen at 8.30am on January 4. For urgent enquiries, a limited service will be available on December 29 and 30 (tel: 01978 661261).

● Martindale Pharmaceuticals Customer Services will be closed on December 25, 28 and January 1. The department will be open from 8.30am to 4pm on December 29, 30 and 31 and from 8am to 6pm on January 4. Customer services can be contacted on freephone: 0800 137627.

● Parke-Davis will be closed from noon on December 24 and will reopen on January 4. An emergency out-of-hours medical service is available on 01495 762468. The customer service department will be available on December 29-31.

● Roche Consumer Health will close its drug information office at noon on December 24 and reopen it on January 4. During the closure period there will be an 'emergency only' information service on 01707 366000. There will be an emergency prescription medicine ordering service from 9am until 1pm on December 29, 30 and 31.

● Schering Health Care will be closed from noon on December 24 and will reopen on January 4.

● SmithKline Beecham Pharmaceuticals will be closed from noon on December 24 and will reopen from 10am until 4pm on December 29, 30 and 31. The company will return to normal business from 8am to 6pm on January 4. An emergency service will be available throughout the holiday period.

## Natéa will nourish colour rich hair

Laboratoires Garnier will be launching a new permanent hair colour range in February.

Natéa Nutricolour Masque with Nutritive Fruit Oil Concentrate is formulated to actively nourish the hair at the same time as colouring. It contains a conditioning polymer which protects the hair during and after the colouring process.

The pack includes a conditioning phial of fruit oil concentrate enriched with grape seed oil to soften the hair. The phial is added to a developing milk (which contains the conditioning polymer) in the

applicator bottle.

An after colour nourishing conditioner is applied following colouring and rinsing to help create healthy looking, shiny hair.

The range comprises 21 different colours including a prelightener, six blondes, six reds, three browns and five dark shades.

The product can be used to change colour completely, to lighten or darken and to give total grey coverage. The packs include a simple guide.

Retail price is £5.99.

**Laboratoires Garnier.**  
**Tel: 0171 937 5454.**

## Dead Sea skincare for men

Ahava is launching a range of Dead Sea mineral hair and skincare products for men.

The Ahava for Men range comprises Advanced Mineral Shower Gel (rsp £6.99, 250ml), Advanced Shampoo

(rsp £9.25, 250ml) and After Shave Moisturiser (£15.50, 75ml).

The products include Mineral Skin Osmoter to help self-repair of the skin.

**Ahava UK.**  
**Tel: 01452 864574.**

## Organic aloe vera capsules

Xynergy Health Products is introducing organic one-a-day aloe vera capsules in the UK.

Manufactured in New Zealand, Aloe Vera Vegicaps contain 100mg of organically grown, concentrated aloe vera. The capsules are completely natural, preservative-free, gluten-free and suitable for vegetarians and vegans.

Xynergy Health Products claims that when taken internally, aloe vera can help with IBS, digestive problems and arthritic pain, and its cleansing and detoxifying action can result in improved health and vitality of the skin.

Retail price is £11.45 for 60 capsules (two months' supply).  
**Xynergy Health Products.**  
**Tel: 01730 813642.**

## Nizoral rings in New Year with TV advertising campaign

Johnson & Johnson MSD Consumer Pharmaceuticals is supporting its Nizoral Dandruff Shampoo with TV advertising over the New Year period.

The TV campaign will start on December 26 and will run until

January 26. It will include Channel 4, Satellite TV and all ITV regions except Ulster where advertising is scheduled from February 1 until February 28.

A healthcare information line (tel: 0990 770000) has been set up for

customers to request further information on dandruff.

Nizoral shelf edgers are available.

**Johnson & Johnson MSD Consumer Pharmaceuticals.**  
**Tel: 01494 450778.**





*She's just waking up  
The first thing she'll think of is her pharmacist*

Actually the first thing she thinks of is a cigarette. But NiQuitin CQ and her pharmacist's advice helped her get over it. When recommended NiQuitin CQ, she also enrolled in the Committed Quitters Stop Smoking Plan. The continuous support she receives is personalised just for her, keeping her motivated and in control.

She knew the mornings would be tough. But she was confident her NiQuitin CQ patch would relieve enough of the cravings to keep her calm all day. And why does she think of her pharmacist? Because that's where she got the right recommendation and advice to make her success possible.

**NiQuitin CQ.**  
Nicotine

STOP SMOKING AID



HELP HER STAY CALM, IN CONTROL - AND QUIT

**NiQuitin CQ Product Information. Presentation:** Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm<sup>2</sup> patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm<sup>2</sup> patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm<sup>2</sup> patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. **SB** Apply patch to clean, dry skin site once a day preferably

soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypotension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other

nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; NiQuitin CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.



# A forbidden scent

Aspects Beauty Company will be launching a sensual new women's fragrance in February.

Lolita Lempicka is a warm liquorice scent with top notes of bergamot, ivy leaves and aniseed. Its middle notes are amarena, iris and violet, while the base notes are vetiver wood, musk, tonka bean and vanilla.

The fragrance comes in eau de parfum spray, eau de parfum splash, purse spray and roll-on fragrance. The range also includes perfumed bath and shower lotion, body lotion and natural deodorant.

Retail prices range from £19 for 100ml natural

deodorant spray to £47 for 100ml eau de parfum spray.

**Aspects Beauty Company.**  
Tel: 01273 400085.



## ON TV NEXT WEEK

**Beechams Flu Plus Caplets:** U

**Benlylin:** All areas plus C4

**Deep Relief:** C4, C5

**Deflating:** GTV, STV, B, G, Y, TT

**Gaviscon:** All areas except CTV, GMTV, TSW

**Meltus:** G, Y, C, HTV, M, LWT, CAR, TT, GMTV

**Niquitin CQ:** U

**Nizoral dandruff shampoo:** All areas except U

**Nytol:** All areas

**Sensodyne toothpaste:** All areas

**Sensodyne gentle mouthrinse:** All areas

**Setlers Wind-eze:** All areas

**Seven Seas Extra High Strength Cod Liver Oil:** C4, C5

**Strepsils:** ITV, C4, C5, GMTV, Sat

**A** Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

## Heavenly cosmetic look for spring

Procter & Gamble will be launching its Oil of Ulay spring cosmetics collection on March 17.

The 'Angel on Earth' collection will feature powdery pastel shades of pale pink, peach and gold.

It will include three new colours - Divine Sunset, Heavenly Rose and Eternal Gold - in Nail Polish (rsp £4.99) and Colourmoist Lipstick (rsp £5.99).

For eyes, Heavenly Rose/Immortal Ivory will be a new eye shadow colour combination (rsp £4.99).

**Procter & Gamble (Health Beauty & Cosmetics) Ltd.**  
Tel: 01784 437258.

## Humour helps boost Sudafed sales

Warner Lambert is supporting Sudafed with a £750,000 new radio advertising campaign in December and January.

The series of humorous advertisements is designed to educate consumers on how to ease nasal congestion. The commercials feature comedian Stephen Fry who describes old wives' tale treatments for relieving a blocked nose.

One of the old wives' tales is entitled 'Suck' which suggests that a sufferer should ask a close friend to place their mouth over the blocked nose and ... yes, you've guessed it!

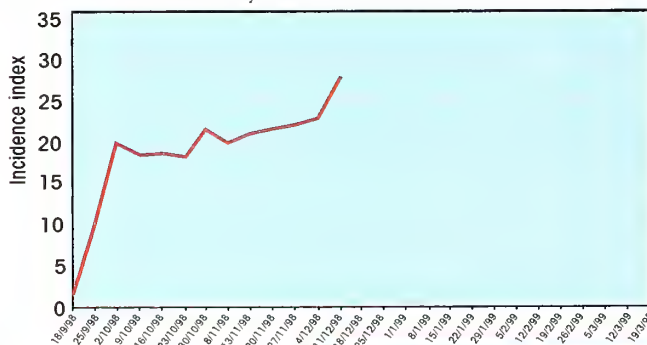
The old wives' tales are all old-fashioned treatments, contrasting with Sudafed which is positioned as a simple and effective solution to nasal congestion.

**Warner Lambert Consumer Healthcare.**  
Tel: 01703 641400.

## Cough, cold & flu FORECAST

Information updated weekly by SDI

City	Status	Weeks on status	Incidence index for this week
Birmingham	Advisory	8 weeks	36.9
Bristol	Pre-alert	2 weeks	49.6
Glasgow	Advisory	4 weeks	44.2
Leeds	Alert	2 weeks	69.0
London	Pre-alert	2 weeks	51.1
Manchester	Pre-alert	3 weeks	48.5
Newcastle	Pre-alert	3 weeks	49.3
Norwich	Advisory	6 weeks	26.0



SPONSORED BY

**Benlylin**

MARKET STATUS

**PRE-ALERT**

The information carried each week will help pharmacists predict peaks in seasonal illness, get product on-shelf at the right time, reduce out-of-stocks and help with inventory management.

Each week we will publish a flu/cold respiratory illness status index, which will advise on the severity of symptoms across the UK:

- Normal: little or no increase in respiratory illness
- Advisory: A measured increase in respiratory illness
- Pre-alert: Warning that areas previously on 'Advisory' status will go to 'Alert' in three to five weeks
- Alert: A severe measured increase in respiratory illness - the peak of illness in a market
- Advisory (down): measured decrease in respiratory illness.

Experience using the system in other countries shows that once a locality is put on 'Pre-alert' status, the incidence of illness will peak four to five weeks later. The average time spent on 'Alert' is eight to ten weeks.

The system also highlights which symptoms are predominant in any 'Alert' period, eg cough, nasal congestion, runny nose, sore throat, fever.

Information is issued at the end of each week, and is highlighted in the Cold & Flu Monitor five working days later.



# Some pharmacists

only have *one special delivery*  
to celebrate this Christmas...

...*but all* AAH

Pharmaceuticals' customers  
are *guaranteed nine* separate deliveries\*



PHARMACEUTICALS  
LIMITED



## Schedule for England, Wales and Northern Ireland:

24/12/98	normal service
25/12/98	no service
26/12/98	no service
27/12/98	no service
28/12/98	one delivery only
29/12/98	normal service
30/12/98	normal service
31/12/98	normal service
01/01/99	no service
02/01/99	normal services resume

\*Local arrangements apply in Scotland where customers can contact customer services at their local branch for a schedule.

We'd also like to wish all our colleagues  
in Pharmacy a *very merry Christmas*  
and *prosperous New Year*

Building partnerships with people



# It's contractors' payback time

Charles Gladwin and Adrienne de Mont examine the 1998-99 pay settlement

For pharmacy contractors in England and Wales, the 1998-99 pay settlement must have been particularly galling.

The package comprises several parts: the Global Sum (up 3 per cent), provision for point of dispensing checks (£14 million over 16 months) and the discount clawback (costing the average contractor £6,000).

Pharmacists' nature may be to look on the gloomy side, but the one ray of light in the settlement was that Pharmaceutical Services Negotiating Committee more than doubled the amount of money offered originally by the NHS Executive for pharmacists

policing the signing of prescription declarations.

The increase in the Global Sum has followed the recent trend to reflect less and less the realities of healthcare. Inflation is running at between 2.5 and 3 per cent. The volume of prescribing is increasing at about 3.5 per cent, but the Global Sum ignores this.

The NHSE claims that the 3 per cent increase is what it is prepared to pay taking into account its own guidelines. These are affordability - ie what the Government claims it can afford - and recruitment, retention and motivation evidence. This is made from basic data

put together by the Inquiry Unit and further evidence submitted by the PSNC.

Health secretary Frank Dobson is keen for pharmacists to extend their role, prompting the cynical pharmacist to add, *sotto voce*, 'for free'. Once the strategy is unveiled, and the Crown report accepted by Government, will the NHSE listen to PSNC's arguments that remuneration should not be based solely on prescription numbers?

"Where there is a national role which all pharmacy contractors can provide, eg repeat dispensing, we include it in our national claim," says PSNC's financial executive Godfrey

Horridge. "We also include in our claim funding for major pilot trials to support potential new roles." This year it was for medicines management, last year it was for repeat dispensing and advice to special needs groups.

However, as health authorities hold most of the funding, most of the roles being piloted are passed to the HAS to negotiate with LPCs. "NHSE will fund a pilot trial for medicines management provided we have support from GPs and patient groups, but is not likely to add any funds to the Global Sum for medicines management until its worth has been verified by a pilot



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HEALTHCARE**

## PRODUCT INFORMATION. NUROFEN ADVANCE. Tablet

containing 342 mg of ibuprofen lysine (equivalent to 200mg ibuprofen). Also contains: Povidone, Microcrystalline Cellulose, Magnesium Stearate, Hydroxypropyl-methylcellulose, Hydroxypropyl Cellulose, Titanium Dioxide (E171). Indication: For the relief of mild to moderate pain, including headache, rheumatic and muscular pain, backache, neuralgia, migraine, dental pain, dysmenorrhoea, feverishness, symptoms of cold and influenza. Dosage: In Adults and Children 12 years of age and older - Initial dose: 2 tablets with water followed by 1 or 2 tablets every 4 hours if necessary. Do not take more than six tablets per day. Precautions and Warnings:

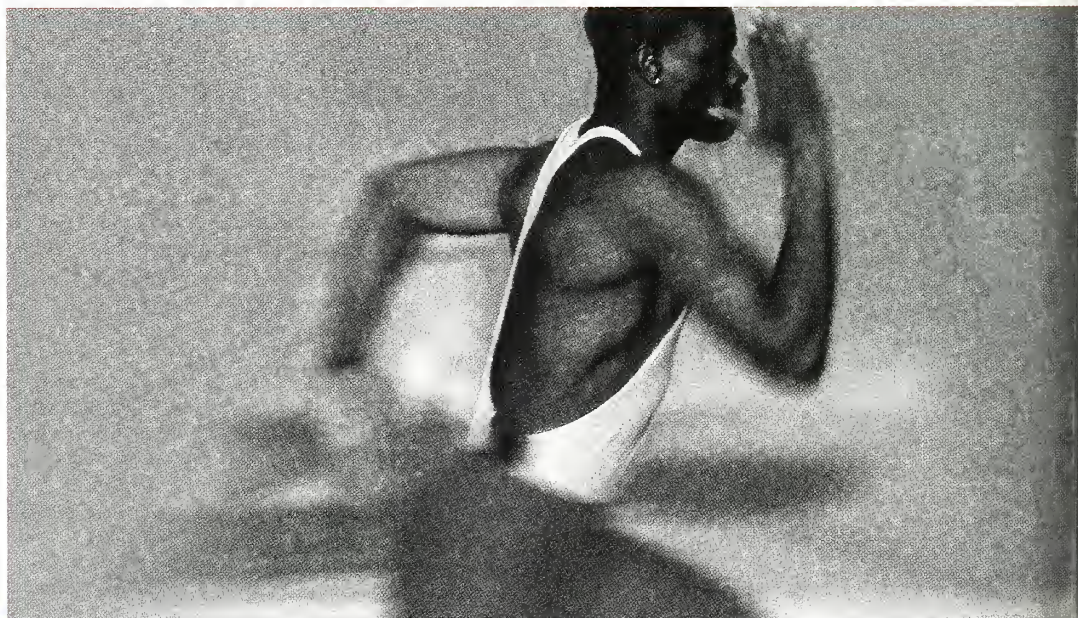
History of hypersensitivity to any component of this product or to any non-steroidal antiinflammatory drug. Cross reactions may occur with this drug class. Active gastrointestinal ulcer. Children under 12 years. Precautions: patients will be instructed to consult their doctor if symptoms persist for more than three days. Patients should seek medical advice if pain or fever worsen, or new symptoms occur. Use Nurofen Advance with caution in patients with asthma or a history of asthma. Side effects: the following, although not exhaustive may occur with Nurofen Advance/ or ibuprofen. Common (> 1%): dizziness, epigastric pain, fatigue, headache, dyspepsia, diarrhoea, nausea, rash. Less common (0.01 - 1%): allergic reactions (swelling, hives), rhinitis, GI bleeding, peptic ulcer, insomnia, visual disturbances, hearing disturbances. Rare

(<0.01%): oedema, leucopenia, thrombocytopenia, aseptic meningitis (usually in patients with autoimmune disease), GI perforations, liver function abnormalities, depression, renal dysfunction. Nurofen Advance like ibuprofen acid may prolong bleeding time by reversible inhibition of platelet aggregation. Product Licence Number: PL 13249/0001 Licence holder: Johnson & Johnson MSD Consumer Pharmaceuticals HP10 9UF Manufactured by: Merck Manufacturing Division, NE 23 9JU Legal Category: P. Price: 10s £1.65, 20s £2.89, 40s £5.45. Date: January 1998

**PRODUCT INFORMATION FOR NUROFEN PLUS** Nurofen Plus: Each tablet contains 200mg ibuprofen BP and codeine phosphate 12.8mg. Indications: For the relief of pain in such conditions as:

## Same background.

- Nurofen Advance contains  
ibuprofen lysine
- Ibuprofen lysine works  
significantly faster than  
aspirin<sup>1</sup>, paracetamol<sup>2</sup> and  
even standard ibuprofen<sup>3,4</sup>
- Nurofen Advance is effective  
in a range of conditions,  
particularly headache



Ibuprofen lysine

## Faster by Design



trial," he adds. "PSNC is therefore asking for Global Sum money for medicines management in 1999/2000 for the pilot trial."

## Getting their claws out

In terms of the discount clawback, there is perhaps even more for the smaller business owner to fear. Yes, people have been warned there will be a clawback. Yes, it is bigger than predicted, but the scale affects those with the smaller turnover proportionately more than those with the large.

The clawback each year is settled following the Discount Inquiry. While the discount scale recognises that the bigger the business, the greater the buying power, so the greater the discount clawed back should be. But the increases on last year are greater at the lower end of the scale than at the top.

"The percentage change is higher for the smaller contractors this year because these are the facts from the Inquiry forms filled out by contrac-



Continued on P16 →

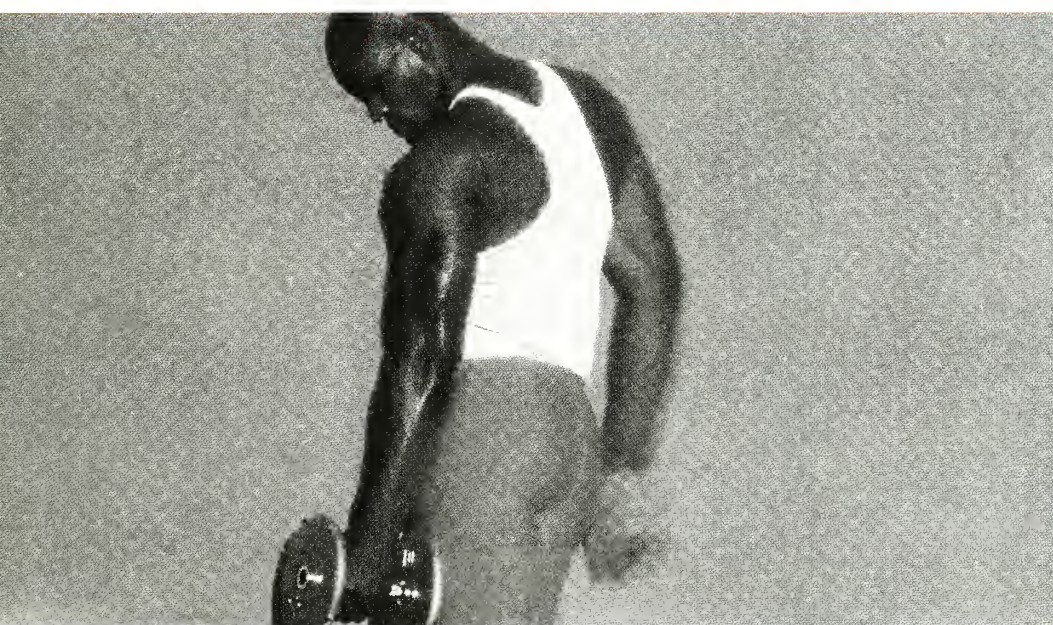
umatic and muscular pain, backache, neuralgia, migraine, dache, dental pain, dysmenorrhoea, feverishness, symptoms of is and influenza. Dosage and Administration: Adults and dren over 12 years: One or two tablets every four hours. Children er 12 years not recommended. Do not take more than 6 in 24 rs. Contraindications: Respiratory depression, hypersensitivity uprofen or codeine, or a history of peptic ulceration, chronic stipation. Precautions and Warnings: Nurofen Plus tablets uld be used with caution in patients with gastrointestinal disease. Patients receiving anti-coagulant therapy prothrombin time uld be monitored daily for the first few days of treatment. Nurofen s tablets should be used with caution in those with hypotension,

hypothyroidism, hepatic and/or renal impairment. The tablets should be used with caution in patients with raised intracranial pressure or head injury. Bronchospasm may be precipitated in patients suffering from or with a history of bronchial asthma or allergic disease. The possibility of cross-sensitivity with aspirin and other non-steroidal anti-inflammatory agents should be considered. If symptoms persist for more than 7 days, patients should consult their doctor. Patients receiving regular medication, asthmatics, anyone allergic to aspirin, and pregnant women should consult their doctor before taking Nurofen Plus. Side effects: Adverse effects occurring with ibuprofen include gastrointestinal disturbance, peptic ulceration and gastro-intestinal bleeding. Other less frequent adverse effects to ibuprofen include skin rash and thrombocytopenia.

Side effects to codeine include constipation, respiratory depression, cough suppression, nausea and drowsiness. Product licence Number: PL 0327/0082 Licence Holder: Crookes Healthcare Limited, Nottingham NG2 3AA. Legal category: P. Price: 12s £2.09, 24s £3.95, 48s £6.99, 72s £8.85. Date: January 1998

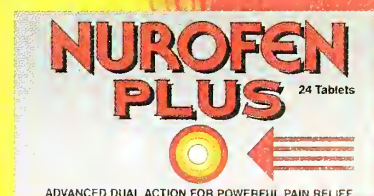
REFERENCES 1. Nelson SL, Braham JS, Karn SH et al. Clin Ther 1994; 16: 458-65 2. Mehlisch DR, Jasper RD, Brown P et al. Clin Ther 1995; 17: 852-60 3. Hummel T, Huber H, Kobal G. Pharmacology Communications 1995; 5: 101-8 4. Cooper SA, Reynolds DC, Gallegos LT et al. Clin Pharmacol Ther 1994; 55: 126 5. McQuay HJ, Carroll D, Watts PG et al. Pain 1989; 37: 7-13

# Different talents.



- Nurofen Plus combines the dual analgesic actions of ibuprofen and codeine
- Provides significantly greater pain relief than ibuprofen alone<sup>5</sup>
- For powerful pain relief and proven tolerability, think Nurofen Plus<sup>5</sup>

## Powerful Dual Action



Ibuprofen + codeine



→ Continued from p15

tors," explains Mr Horridge. "This could be because more small contractors are joining buying groups and getting better discounts."

Another moan about the clawback is that it relates to this year and last. "It's attrition by vengeance," said one contractor in the North West. "What really peeves us is that this is an unbudgeted profit. We will have paid the tax on the profit of last year and then they are collecting the clawback this year." This is a point that PSNC continues to make to the NHSE. "PSNC has stressed to the NHSE the problems of late resolution of liabilities going back to 1997/98, some of which - ie copy invoices - are still not resolved," says Mr Horridge.

PSNC has striven to keep contractors aware of the situation and the outstanding reports. And Mr Horridge says he is always willing to give contractors an estimated provision, in confidence, when they are finalising annual accounts on which their tax liability is based.

The North West contractor also questions the Government's assumptions about pharmacists benefiting from fluctuating ranitidine prices and parallel imports. "As a contractor, I have not been able to buy many of the things on the PI list. Either they are out of stock or there is so little difference in the margin it's not worth while to stock both."

This may not be a typical view, as the Inquiry is based on actual purchases and sales of PIs, so if a product were out of stock it would not be picked up as PI usage in the Discount Inquiry.

### President's concern

Hemant Patel, the Royal Pharmaceutical Society's president, is deeply concerned about the viability of a large number of pharmacies, particularly in areas where they had to meet high overheads. In addition, he is worried about the long-term effects settlement will have on pharmacists' mental and physical health.

"Anyone who dispenses high cost scripts will be in trouble, regardless of their size," he said. There was a risk that many contractors would not dispense high cost prescriptions because they could not afford it. A 12 per cent clawback on an item costing £9 would be £1.08, which was more than the dispensing fee. There would be an even greater loss on any item costing more than the average net ingredient cost.

Many pharmacists would be puzzled about what the Government was trying to do, because of these mixed messages. But he does have a high regard for the health secretary, Frank Dobson.

"I think he is genuinely trying to help community pharmacy. I hope pharmacists will be patient and see what comes out of the strategy document."

The Liberal Democrats have done a

"good job" in exposing the lack of confidence community pharmacists had about the future (*C&D* November 21, p32). But if they had asked two further questions - how many pharmacists were suffering from stress-related problems and how many were contemplating suicide - it might have revealed a truer picture.

Mr Patel knows of two pharmacists so totally destroyed by business pressures that they had seriously considered suicide. He also knows of two committed pharmacists in his own area who had been forced to close their businesses recently. "I hope somehow that people find the strength to carry on," he said.

David Kent (secretary, Camden & Islington LPC) also knows of a local pharmacy closing down on economic grounds and a "vast number" of other proprietors had told him they could earn more as a locum but could not sell their unviable businesses.

Pharmacists would lose money if they dispensed any proprietary brand costing over £30, so they would be reluctant to dispense one-off prescriptions for patients who were not regular customers.

"It's very short-sighted of the Government and shows a lack of commitment to pharmacy," he said. Will the pharmacy strategy coupled with next year's pay settlement prove Mr Kent, and many other pharmacists, wrong? Try holding your breath.





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# "walking on air"



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# PHARMACYupdate

## Pining for Christmas

The Christmas tree and its lovely branches have more to offer than a simple shelter for presents and mangers. Pharmacist **Christine Horden** looks at the health offerings of the traditional pine throughout history to the present day

**H**ad logistics been different, the three wise men might well have been joined by a fourth, bearing another gift for the Nativity. Gold, a symbol of wealth, is mined from the earth. And Frankincense and Myrrh are natural products, exudates from the trees of North Africa, which were held in regard and reverence by the people of the time.

Maybe for different reasons, but also held in popular regard is amber – another product of nature. Amber is the fossil resin from certain members of the *Pinus* family. Seeping from the aleoresin ducts within the pine bark, amber hardens in contact with air, to produce a deep honey-coloured globule.

The ancient forests of northern Scandinavia were the original source of amber, where the now extinct *Pinus succinifera* flourished. As a result of the earth movements in the Cretaceous period, some 34 million years ago, these forests were shifted, uprooted and buried. Fossilisation occurred, and now the amber is mined along the eastern Baltic coast line. An occasional sample may wash up on one of our east coast beaches, to be found by a lucky beachcomber.



### More than a tree

Getting into the seasonal spirit with an in-depth look at the Christmas tree **I**

### Keep it clean this Christmas

Home hygiene during the festive season means more than washing your hands **II**

### Medical update

The dangers of ecstasy, and new standards for heart disease treatment **VI**

The pine family is large, and grows worldwide. Most species are hardy, and will grow in almost any situation. With trunks 80 to 100ft tall, pine is under constant demand from the construction industry. And its unbranched trunk and straight grain are its valuable attributes as building timber. The poet Thomas Haad (1799-1845) remembers fir trees in his childhood as dark and high, with slender tops that were close against the sky.

Pine barks yield resins, which vary in purity and quantity. Distillation of crude resin produces oil of turpentine, and leaves a residue known as rosin.

Any aspiring Nigel Kennedy or Vanessa May will have used a chunk of rosin to stroke the hairs on their bow – it staps them becoming shiny.

Rosin, or colophony, has other uses, mainly in the manufacture of varnishes and adhesives. Medically, its chief use is in ointments, as a treatment for bails, where it is ground into a fine powder and worked into a base. In Chinese medicine, ground colophony from an oriental *Pinus* is still used to treat ringworm.

The pinenes and camphene that are present in turpentine oil are largely responsible for its use as a rubefacient. It stimulates stiff or tired muscles – surely a must for our next World Cup boys.

Impure turpentine, or tar, comes from steam distillation of conifer roots, mainly *Pinus sylvestris*. Generally regarded as safer than coal tar, it has been used in ointments and pastes as a skin treatment.

The pine oil we inhale comes from steam distillation of pine

Continued on P11 →



needles. *Oleum Pini sylvestris* was described in BPs up to 1885, as the oil distilled from the fresh needles of Scots pine. Such oil is no longer available commercially. The oil now sold under this name is a distillate from the leaves and twigs of various conifers.

These needles grow in tufted clusters. The oil in them is antiseptic, decongestant and expectorant. It is found in many cough and cold remedies, particularly inhalations. Punilio oil, from a *Pinus* growing in Switzerland and the Austrian Tyrol, has even stronger properties. And it could be that evaporation from damaged needles is the reason why mountain air is so beneficial.

A decoction of punilio, pine, menthol and eucalyptus was a popular nostrum in the early part of this century. Quite what the prolonged use of it did to nasal membranes is open to question.

Pine in herbal treatments uses the young spring roots, collected before they open. The constituents, resin and volatile oil, both act as an expectorant. As a tisane, the shoots are macerated in cold water, boiled for one to two minutes, and allowed to stand. This can be sipped, or used as a soothing and healing skin lotion.

Pine oil's disinfectant properties and fragrance account for its use in household products.

Various species of *Pinus* find uses within Chinese medicines. Because of its size, China has a wide variety of climatic conditions, soil and terrain. Many varieties of plants are grown throughout the country and, so far, more than 2,000 medicinal herbs have been identified and collected.

Prescriptions are taken to the

drug store, where the herbs are measured out. The drugs are usually weighed by the ch'ien – the equivalent of about 3 grams.

This package is taken home and boiled for an instructed time, in a certain amount of water, so that a specific extract is formed for the dose. *Pinus* finds itself in recipes for the relief of rheumatic conditions. One formula, from the 'Borefoot Doctor's Manual', reads:

Mulberry twigs	1 liang
Logwood sticks	3 ch'ien
Pine knots	3 ch'ien
Bamboo joints	5 ch'ien
<i>Cinnamomum camphora</i> tips	1.5 ch'ien
White wine	1 liang
Boil, strain, drink.	

*Pinus cembra*, a Russian pine, grows edible seeds, as does the Japanese pine. *Pinus pinea* are the seeds of the stone pine, native to Mediterranean regions. They are eaten like peanuts, raw, or roasted and salted. They have a softer texture than some other nuts, and, in Italy particularly, this leads to their traditional use in soups and roasts, as well as in chocolates and vegetable foods.

The stone pine is an umbrella-shaped tree, familiar to visitors to the Neapolitan Riviera and the slopes of Vesuvius. It can grow to 80ft and its green flat top towers comically above buildings. The edible seeds, pinocchis, are ivory coloured, and contained in hard shells within the cones.

But perhaps our favourite pine is the one which bears boughs, bangles and beads. It may be a source of turpentine, and terebinth, but it also looks good with lights and a fairy on the top.

*Pinus picea vulgaris* – the Norwegian spruce, our Christmas tree.

# Home sweet home

Home hygiene is a year round issue but it is of particular importance during the festive season. **Dr Sally Bloomfield** and **Deborah Stevens** from Unilever Research lay down the facts

**N**o-one concerned about healthcare could have failed to notice that news items about infectious disease were a constant feature of this summer's 'silly season'.

Although debate about issues related to infection and its control in the community may be healthy, we must be careful not to draw misleading conclusions from the opinions being expressed, since each is only part of a total picture.

Recent debate about too much hygiene and lack of exposure to microbes not only weakening our immune system but contributing to increases in allergic diseases, reported over the past 20 to 30 years (Rook and Stanford) must not extend to encouraging a decline in standards of hygiene in the kitchen. Concerns about possible links between biocide and antibiotic resistance, put forward by Levy, are not a view against the total use of these agents to achieve hygiene in the community – but against use where the cost benefit is unfavourable, based on current evidence.

disease is so complex and unpredictable that prevention must be a shared responsibility between the Government and the public – and that requires improved home hygiene.



## Definition

So what is home hygiene, and how can it be achieved? For many

people, the term means only the general day-to-day cleaning of the home. In practice however it is the sum total of measures used to prevent transfer of infection which includes food hygiene, personal hygiene and home healthcare.

Home healthcare involves care of family members who are at risk and includes care of neonates and geriatrics, home nursing of immune-compromised family members and those who are carriers of HIV or MRSA. Disinfection of contact lenses must also be regarded as a home hygiene procedure.

## Christmas pressures

Christmas, more than any other time, offers the potential for the spread of infectious disease. Traditionally, Christmas means cupboards and refrigerators full of food – with raw and cooked food stocked side by side. It also means preparing food in crowded areas with many helping hands and plenty of opportunity for cross-contamination. Current UK estimates indicate that 33 to 41 per cent of all chickens are contaminated with *Salmonella* (Anon) and more than 50 per cent with *Campylobacter* (Fricker and Pork).

In 1997, the number of notified food borne infection outbreaks exceeded 100,000, although the actual number is thought to be about ten times higher. In contrast to prevailing attitudes, data from European countries, including the UK, indicate that most of these infections arise in the home and

## Health issues



There is no doubt that advances in hygiene this century have, with other aspects of modern medicine, improved length and quality of life beyond all recognition. In recent years there has been relatively little concern about the importance of home hygiene and its contribution to the nation's health. Yet changing trends in healthcare and in population age mean that a growing number of people within the home who are 'at risk' are being cared for in a home healthcare environment by a home carer. This carer must have a good knowledge of hygiene. In the US, it is estimated that, by the year 2000, 20 per cent of the population will be in an 'at risk' group (Gerbo *et al.*). There is a growing realisation that infectious





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most result from consumption of contaminated food. It is known that cross-contamination via hands and other surfaces is a contributory factor in a significant proportion of these outbreaks, as is direct hand to mouth transfer in some cases. For the elderly in particular the clinical sequelae of food borne disease can have severe consequences.

The Christmas period also means crowded rooms where the emphasis is on warmth and closeness rather than space and good ventilation. In recent years there have been increasing numbers of reports of outbreaks of infections attributed to viral agents for which cross-contamination is cited as a causative factor. This may be because some viruses can survive for significant periods in the environment and the infectious dose for viruses can be very small.

In 1997 there was an outbreak of viral gastro-enteritis involving SRSV (small round structured virus) following a wedding reception, with 50 per cent of guests affected. An investigation showed that, the previous day, a kitchen assistant had vomited in the sink and subsequently cleaned it with a chlorine-based disinfectant. The next morning the sink was used to prepare potatoes and it was concluded that this was the most likely source of the infection (Patterson *et al*).

Another outbreak suggested that SRSV can remain viable in carpeting for up to 12 days (Cheesbrough *et al*). Two carpet lifters became ill after removing a carpet from a hospital ward. An outbreak of SRSV had occurred earlier on the ward, with the final case symptoms ceasing 13 days before the removal of the carpet. Routine vacuuming every day had not removed the virus.

Family outbreaks of rhinovirus colds are a common occurrence. Survival of rhinovirus on environmental surfaces at ambient temperatures was demonstrated by Saffar *et al* whilst Hendley *et al* showed that rhinoviruses could survive for several hours on the hands, and that self-inoculation by rubbing of the nasal mucosa or conjunctivae with virus-contaminated hands could lead to infection in susceptible hosts. In a pre-school daycare centre, the fact that respiratory and gastrointestinal infections decreased following introduction of improved hygiene suggests that cross-contamination was an important factor (Krilov *et al*). The measures included environmental surface cleaning and disinfection.

Most infections are transmitted person to person and can only be prevented by changes in social behaviour. Christmas is a time when traditions are hard to change



Maintaining good hygiene in the home could lead to a happier Christmas for many families

– but there are indications that modifying our attitudes and practices and dispelling some of our current misconceptions about hygiene could have a significant impact on infectious disease.

### Good practice

In reality, good home hygiene is relatively straightforward if approached from basic principles. Micro-organisms are continually introduced into the home, on people, food, pets, insects and via water. Sites where stagnant water and organic residues accumulate – such as sinks, U-tubes, toilets, wet cleaning cloths and facecloths – readily support microbial growth and can thus become a primary source or environmental reservoir of infection. Although, mostly, these are only a problem for vulnerable groups. To achieve hygiene we have two options – eradicate the sources or prevent the transfer of microbes from the source.

Public and government authorities tend to regard the various components of home hygiene as separate issues, so the public receive a bewildering amount of information, sometimes conflicting, from a variety of sources. Encouraging the concept that home hygiene is a series of interrelated procedures based on the same underlying microbiological principles, offers the opportunity for a rational

approach based on risk assessment. The concept of HACCP – identifying 'critical control points' and focusing interventions at these points, is now successfully employed as a method of achieving cost-effective hygiene in food manufacturing environments and there is a growing awareness that a similar approach could have significant benefits in improving home hygiene (Bloomfield, Scott and Jones).

### Critical control points

For sites and surfaces which are regarded as critical control points, an effective hygiene procedure is required which produces a surface which is not just visibly clean but also hygienically clean – the numbers of micro-organisms are reduced to a level which is no longer harmful to health.

The way we achieve hygiene is important, but again quite simple: remove the organisms or kill them in situ. Hygiene for cooking, eating utensils and for the hands can be achieved using detergent and hot water.

However, although we are urged by the experts that 'cleaning with soap and water is best', it is perhaps surprising that there is rarely any attempt to reinforce that this must be a soap and water 'washing' process. People often assume that wiping a surface using a cloth rinsed in soapy water to produce a visibly clean

chopping board achieves a surface which is also hygienically clean. Since decontamination is achieved by mechanical removal of the microbes, this mechanical cleaning is only effective if applied in conjunction with a rinsing process. Where surfaces are wiped using soap and water and a cloth, the residual bacteria is merely spread around the surface and onto the cloth to be spread to other surfaces (Scott and Bloomfield).

For critical control points, where washing is not effective or not feasible, a disinfection process is required. Heat is the disinfection method used to reduce contamination of food to a level safe for consumption. Those of us who, as pharmacy students, were taught the rigours of achieving Fo values which guaranteed a product 'consistently prepared to a quality appropriate to its intended use' will fully appreciate the potential for failure in preparation of foods which range from frozen to room temperature and are cooked by a variety of moist heat, dry heat and microwaves.

For other critical control areas such as kitchen worktops, or other contact surfaces such as taps, door handles and toilet seats which cannot be effectively rinsed, chemical disinfection is the appropriate means to achieve a hygienically clean surface. It must also be appreciated that the value of a disinfection processes depends not only on its



microbiocidal effectiveness but also on the way it is applied. Although disinfectant can produce effective decantamination, after a relatively limited period these sites and surfaces become recontaminated from reuse or, far wet surfaces like damp cloths, from regrowth of survivors not destroyed by disinfection.



## Education

Perhaps the greatest problem in achieving improvements in home

hygiene is educating the public and motivating behavioural changes. We must take action to counterbalance the justifiable voicing of our concerns about hygiene by providing the public with positive and practical information on hygiene and its contribution to health, based on current scientific knowledge rather than dogma.

Thursday November 12, in Geneva, saw the inauguration of the International Scientific Forum on Home Hygiene (IFH). The forum is a not-for-profit organisation comprising scientists and healthcare professionals who play an active part in hygiene policy and scientific research.

In recent years, there has been relatively little discussion about the importance of home hygiene and its contribution to the nation's health. Through its international initiatives, the IFH aims to raise awareness of the fundamental role that home hygiene plays in preventing infection and disease and promote understanding of good hygiene practice in situations where infection risk exists including food hygiene, general hygiene, personal hygiene and the care of the sick and other 'at risk' groups.

As part of its work, the IFH has produced 'Guidelines for the prevention of infection and cross infection in the domestic environment'. These are based on a risk assessment approach and are aimed at informing healthcare professionals about all aspects of hygiene in the domestic setting including medical care.

They do not pretend to be an exhaustive guide but, where appropriate, give reference to other published guidance documents eg 'Guidelines for the control of MRSA'. One of the initiatives of the IFH will be to promote research into areas of home hygiene which are currently not well understood and facilitate debate and consensus on issues relating to home hygiene. More information about the IFH and its activities can be obtained from the IFH web site: [www.ifh-homehygiene.org](http://www.ifh-homehygiene.org). Dr Bloomfield is international hygiene research manager and visiting professor in environmental health at King's College London.

Deborah Stevens is research associate at Unilever Research.

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## PHARMACYupdate: distance learning for pharmacists

- Communication and the Pharmacist (1001)
- Rheumatoid arthritis (1002)
- ACE inhibitors (1003)
- The Endocrine System (1004)
- Sleep Disorders (1005)
- Pituitary Problems (1006)
- Croup (1007)
- Hormonal Contraception (1008)
- Schizophrenia (1009)
- Psoriasis (1010)
- Constipation (1011)
- Methadone (1012)
- Methadone Supervision (1013)
- Beta-blockers (1014)
- Cystitis (1015)
- Palliative Drug Therapy (1016)
- Responding to Symptoms (1017)
- Drug Interactions Part 1 (1018)
- Drug Interactions Part 2 (1019)
- Malaria (1020)
- Headache (1021)
- Drugs in Sport (1022)
- Indigestion pt1 (1023)
- Sexually Transmitted Disease (1024)
- Cannabis (1025)
- Indigestion pt2 (1026)
- Diuretics (1027)
- Eating Disorders (1028)
- Coughs & Colds pt1 (1029)
- Inhaler Devices (1030)
- Chinese Herbal Medicine (1031)
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- Hallucinogens (1033)
- Amphetamines (1034)
- Irritable Bowel Syndrome (1035)
- Acne (1036)
- Lower Back Pain (1037)
- Myalgic Encephalomyelitis (1038)
- Calcium Channel Blockers (1039)
- Stoma Care (1040)
- Dry Skin Problems (1041)
- Parkinson's Disease (1042)
- Lice & Scabies (1043)
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- Lipid Lowering Drugs (1050)
- Allergic Rhinitis (1051)
- Skin Melanoma (1052)
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- Benign Prostatic Hyperplasia (1054)
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- Diarrhoea (1060)
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- Diabetic Complications (1064)
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- Erectile Dysfunction (1067)
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- Accidental Poisoning (1095)
- Fat Soluble Vitamins (1096)
- Thyroid Disorders (1097)
- Food Poisoning (1098)
- Glaucoma (1099)
- Hair Loss (1100)
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- Toxoplasmosis (1102)
- Menopause (1103)
- NRT (1104)
- Eczema and Infection (1105)
- Repetitive Strain Injury (1106)
- Bowel Cancer (1107)
- Elderly I (1108)
- Elderly II (1109)
- Salt & Health (1110)
- Nutrition in Pregnancy (1111)
- Hearing Disorder (1112)

Monthly MCQ papers currently on faxback are for 1998 only. The following codes apply for each month (the last two digits correspond to the last two digits of the first learning module which the MCQ paper covers):

- January 2077
- February 2080
- March 2083
- April 2086
- May 2089
- June 2092
- July 2095
- August 2098
- September 2101
- October 2104
- November 2107

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## Drugs not effective in self-harm prevention

**D**rug treatment does not significantly reduce repetition rates of deliberate self-harm, claims this month's *Effective Health Care* bulletin.

The bulletin reviewed studies which compared flupenthixal and antidepressant treatments with placebo, and concluded that they were not significantly effective.

Deliberate self-harm involves intentional self-poisoning or injury, irrespective of the apparent purpose of the act, and is one of the top five causes of acute medical admissions. Most of the 150,000 cases of deliberate self-poisoning each year present to general hospitals. The most common substances ingested are analgesics, particularly paracetamol and paracetamol-containing compounds.

The incidence of self-harm has risen over the past 50 years to the current rate of around 400 per 100,000 of the population each year. This is higher than most other recorded figures in Europe.

Deliberate self-harm is the biggest risk factor for suicide. In the year after a self-harm episode, the suicide rate is 100 times greater than for the general population.

The bulletin also looked at various psychosocial methods of reducing repetition rates of self-harm. Results show insufficient evidence to recommend a specific clinical intervention.

Despite none of the methods proving significantly effective, three interventions seem promising:

- providing patients with a 'crisis card', which enables them to speak to a psychiatrist at short notice and request psychiatric admission in a crisis. Although most card-holders did not use the service, there was a suggestion of a reduction in repetition
- problem solving therapy which involves teaching the patient basic problem solving skills. This has proved an effective treatment for depression and, in self-harm studies, has led to improvements in mood and social adjustment
- dialectic behaviour therapy. This involves a year of individual therapy, group sessions, social skills training and access to crisis contact. As this is an intensive intervention, better evidence of applicability and cost-effectiveness is required.

# Ecstasy may prove to be neurotoxic

**E**cstasy may be neurotoxic for humans if taken repeatedly, claims a professor of psychology. Drug-free young people who have repeatedly taken ecstasy often display psychiatric problems including depression, eating disorder, panic attack, memory loss and concentration difficulty. They often have decreased serotonin levels in their brain and spinal cord.

A survey of 360 disco-goers and football fans in Italy found that 62 per cent of the disco-goers and 46

per cent of the football fans had taken the drug. Of the total sample, 53 per cent experienced depression, bulimic episodes, social phobia and impulse control disorders. The longer-term, larger dose ecstasy consumers were more likely to suffer from psychological problems.

The evidence is difficult to quantify, claims Andy Parratt, professor of psychology at the University of East London, as heavy ecstasy users tend to use a range of other drugs, particularly amphetamine, cocaine, nicotine

and cannabis. They may also suffer poor nutrition and adverse diurnal/circadian activity patterns.

These factors may all contribute to the impairments seen in some users. There is also considerable individual variation between users, with some displaying very little psychological impairment.

Given that half a million ecstasy tablets are taken each weekend in the UK, the potential for neurotoxicity has serious implications for the health and well-being of many young people, said Professor Parratt.

## Diet linked to cancer incidence

**U**p to 80 per cent of bowel and breast cancer in the UK may be preventable by dietary change, claims a review in last week's *British Medical Journal*.

Diet also contributes in varying degrees to the risk of cancers in areas like the lung, prostate, stomach, oesophagus and pancreas. Generally, fruit, vegetables and fibre have a protective effect, whereas red and processed meat increase the risk.

Over the past 25 years, the incidence of all cancers has increased by 8 per cent in men and 17 per cent in women, while mortality has decreased by 5 per cent in men and increased by 9 per cent in women. For cancers in which diet has the greatest role, different trends are seen. Over the past 15 years, the incidence of, but not mortality from, breast cancer has increased. Both the incidence and mortality of prostate cancer in men, and oesophageal cancer in men and women, have increased. Stomach cancer has declined in incidence and mortality in both sexes.

How diet can trigger DNA mutation leading to cancer is uncertain at present, but several factors are known to affect carcinogenesis. Heterocyclic amines in cooked meat are carcinogens in the mammary glands and colon of rodents. Several dietary constituents induce apoptosis, which is a protective mechanism against cancer. Antioxidants may suppress spontaneous mutations and dietary



Fruit and vegetables are almost invariably protective for major cancers

factors can influence cell proliferation and DNA methylation.

Certain foods consistently either increase or decrease risk across the range of cancers. Vegetables and fruit are almost invariably protective for the major cancers. Consumption of these foods in Britain is less than half that in Mediterranean populations where cancer rates are low. Fruit and vegetable consumption in Britain should double to five portions a day, recommends the survey.

High consumption of meat, especially red and processed meat, is linked to a higher risk of bowel, breast, prostate and pancreatic cancer.

The Department of Health has advised that consumption of red

and processed meat should not rise and people consuming more than 14 portions a week should consider a reduction.

Obesity is associated with an increased risk of endometrial cancer, greater risk of breast cancer in postmenopausal women, and bowel cancer in men. Diets high in fat are not now convincingly linked to cancer, but because they contribute to obesity, current guidelines to lower fat consumption to avoid heart disease are also appropriate for cancer.

Alcohol is a risk factor for upper gastrointestinal, liver and breast cancer. Intake should be restricted to two units a day for women and three for men.



# Make a date with Pharmacyupdate

## PHARMACYupdate

### Bowel cancer

Bowel cancer is the second most common cause of cancer death in the UK. It is caused by a build-up of cells in the lining of the large intestine. The cells grow and divide more and more until they form a tumour. The tumour can grow into the muscle of the wall of the large intestine and can spread to other parts of the body.

### Hear and now

The frequency of hearing loss increases with age. It is caused by a build-up of cells in the lining of the ear. The cells grow and divide more and more until they form a tumour. The tumour can grow into the muscle of the wall of the ear and can spread to other parts of the body.

### Age old problems

The ageing process is a natural part of life. It is caused by a build-up of cells in the lining of the body. The cells grow and divide more and more until they form a tumour. The tumour can grow into the muscle of the wall of the body and can spread to other parts of the body.

## PHARMACYupdate

### A pinch of salt

Too much salt in the diet can lead to high blood pressure. It is caused by a build-up of cells in the lining of the body. The cells grow and divide more and more until they form a tumour. The tumour can grow into the muscle of the wall of the body and can spread to other parts of the body.

## PHARMACYupdate

### Eastern promise

The promise of a better life is a natural part of life. It is caused by a build-up of cells in the lining of the body. The cells grow and divide more and more until they form a tumour. The tumour can grow into the muscle of the wall of the body and can spread to other parts of the body.

Twice a month, *Chemist & Druggist* brings you **Pharmacyupdate** - unrivalled distance learning for the practising pharmacist

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### Old habits ...

It is a common habit to take a pill every day. It is caused by a build-up of cells in the lining of the body. The cells grow and divide more and more until they form a tumour. The tumour can grow into the muscle of the wall of the body and can spread to other parts of the body.



To Mary Prebble. Please enrol me on the **Pharmacyupdate** telephone marking service for 1999. I enclose a cheque for £17.63, made payable to Miller Freeman UK Ltd.

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## Standards proposed for heart treatment

**A**n expert group has proposed rigorous new national standards for the prevention and treatment of heart disease. One suggestion is that anyone who wants to stop smoking should have access to local smoking cessation services, including advice on nicotine replacement therapy. Another proposal is that primary care teams should identify people with, or at significant risk of, cardiovascular disease and offer them lifestyle advice and medication.

The standards are outlined in the 'Emerging Findings Report' from the expert reference group drawing up the National Service Framework (NSF) on coronary heart disease. The NSF, to be published next spring, will lay down quality standards to be met for specific NHS services.

The group also proposes that:

- people with cardiovascular disease should have their risk factors assessed and receive appropriate medication. They should have their blood pressure maintained below

140/90mm Hg. Their blood cholesterol should be lowered to below 5mmol/l and LDL-C below 3mmol/l or by 30 per cent

- possible heart attack victims should receive treatment including defibrillation, where appropriate, within eight minutes of calling 999

- hospitals should have an agreed protocol for managing patients with suspected acute myocardial infarction. Patients should be assessed professionally and, unless contra-indicated, receive aspirin 300mg followed by 75-150mg daily indefinitely.

Thrombolysis should be given as quickly as possible, and ideally within 60 minutes. Intravenous beta blockade should be considered, while those with heart failure or left ventricular dysfunction should be considered for an oral ACE inhibitor

- patients with newly diagnosed or rapidly worsening angina should be referred to a specialist
- trusts should plan a programme of cardiac rehabilitation for patients, with the aim of reducing the risk of further cardiac problems.

## Intranasal corticosteroids beat oral antihistamines in trials

**A**ccording to a review in last week's *British Medical Journal*, intranasal corticosteroids are more effective in allergic rhinitis than oral antihistamines.

The survey analysed results from 16 trials which compared the two types of treatment for effectiveness at relieving nasal blockage, discharge, discomfort, resistance, itch, sneezing, total nasal symptoms, postnasal drip and eye symptoms.

The intranasal corticosteroids used included beclomethasone dipropionate, budesonide, flunisolide, flucortin, fluticasone propionate, mometasone, and triamcinolone acetonide, in all delivery vehicles. The review included studies using any form of oral antihistamine.

Intranasal corticosteroids were found to be significantly more effective than the oral antihistamines in all categories except relieving sneezing and reducing total nasal symptoms. They were more effective

at relieving these symptoms but there was significant heterogeneity between studies. None showed that oral antihistamines significantly improved total nasal symptom scores.

Recent studies showed that the corticosteroids relieved nasal symptoms in 12-24 hours, instead of three to ten days, as previously thought. A study in the US and one in Canada found fluticasone more cost-effective than terfenadine and loratadine.

The reviewers carried out a study in Australia which found the mean daily cost of oral antihistamines to be 4.5 times that of intranasal corticosteroids.

The reviewers concluded that intranasal corticosteroids are more cost-effective than oral antihistamines in first-line treatment of allergic rhinitis and that there may be a role for oral antihistamines as ancillary treatment, particularly if eye symptoms or nasal itch are not controlled by the corticosteroids.

## Women smokers face greater risks

**W**omen smokers are more likely to develop the most dangerous form of lung cancer and this may be due to changing patterns of smoking behaviour.

Research carried out for the British Thoracic Society involving 46 hospitals showed that nearly twice as many women as men under the age of 65 are diagnosed with small cell lung cancer. This form of cancer is inoperable in 70 per cent of cases.

Men are more likely to have non-small cell lung cancer, which is less damaging to the lung and is operable in half of cases.

The fact that women are less resistant could be due to changes in smoking behaviour.

Many women took up the habit a decade after men, who smoked heavily during World War Two. Women may also smoke in a different way, for example, taking shorter, sharper inhalations. This could affect the type and severity of cancer they develop, believes Dr Mike Pearson, chairman of the BTS Public Education Committee.

Dr Pearson is worried that smoking in teenage girls is on the increase. "We must prevent them becoming the lung cancer victims of the future," he said.

It is hoped that the multi-centre study will enable specialists to check areas of the country with low lung cancer survival rates. It will also allow more reliable comparisons between Britain and the rest of Europe.

## PHARMACYupdate: distance learning for pharmacists

Pharmacists using Pharmacy Update for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the January 16 issue,

which will cover the CPP-accredited modules that were carried in the 5 December issue.

The MCQ paper for the December modules will cover:

- Salt and health (1110)
- Nutrition in pregnancy (1111)

- Hearing disorders (1112).

A faxbook service for these modules and associated MCQs operates on 0891 444791 (premium rates apply). A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

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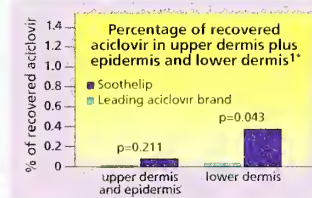




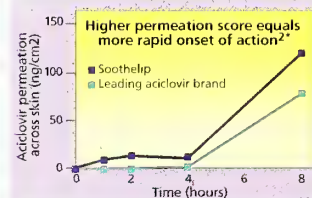
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TO STOP, HEAL  
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REFERENCES: 1. Data on file. Percentage of recovered aciclovir in upper dermis plus epidermis and lower dermis. 2. Data on file. Comparison of aciclovir permeation (ng/cm²) across skin during first eight hours.

\*In vitro testing

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# Year end miscellany quiz

It's that time of the year again. While the repairman is working on your tills, burnt out by so much seasonal custom, have a go at our quiz. The lucky winner will receive £100 with **Xrayser** Clocks for ten runners-up



Christine Glover



Ann Lewis



- a) squirt
- b) poke
- c) letdown

4) Conferences were held in a variety of locations in 1998, and some for 1999 were announced. Match the locations with the organisations.

- 1) NACEP
- 2) Chemex
- 3) FIP
- 4) UniChem
- 5) BPSA
- 6) Vantage
- 7) AESGP
- 8) BPC
- 9) IPMI

- a) Stockholm
- b) Phoenix
- c) Athens
- d) Olympia
- e) Eastbourne
- f) Lake Windermere
- g) Cardiff
- h) Harrogate
- i) Amsterdam
- j) Kota Kinabalu
- k) Marbella

5) Jim Gee is the Government's appointed:

- a) fraud supremo
- b) drugs tsar
- c) welfare worker extraordinaire

1) Who were co-opted onto the RPSGB Council to fill vacancies caused by Christine Glover's resignation and Ann Lewis's appointment as secretary and registrar?

2) How much does it take for PSNC to walk out of a pay negotiation?

- a) £93m
- b) 3 per cent
- c) 11 months

3) By what street name did we report that Viagra was being called in August?



Eastbourne, the location for which conference?

6) Step by step, take the age of the Guild and subtract the age of the WHO. Multiply the result by the script levy, add the age of the NHS and then divide by the number of Society directorates. Who wrote the novel?

- a) Agatha Christie
- b) Enid Blyton
- c) John Buchan
- d) Joseph Conrad

7) Which English king could have a queen worth £0.75m if she shared an interest in primary care practice research in the metropolis and had a little help?

- a) Stephen

- b) Henry IV
- c) Edward I

8) NICE stands for:

- a) New Initiatives for Chemical Engineers
- b) Non-Intrusive Clinical Enquiries
- c) National Institute for Clinical Excellence
- d) Natural/Iatrogenic Crises in the Elderly

9) Name the NPA's cartoon character set free this summer

- a) Brad Bear
- b) Lucy Lozenge





Stockholm – another scenic conference location

- c) Timmy Tablet
- d) Benny Bunny
- e) Mandy Mouse
- f) Charlie Caplet

10) Give the common name for the following reports.

- a) still unpublished but looking at the practices of Council
- b) published and looking at the working of Council including non-pharmacists at the top
- c) on the verge of being published and looking at prescribing
- d) the latest stage of the PIANA process

11) Multiply the proposed strength of GSL minoxidil lotion by the proposed strength of GSL nicotine gum. Subtract the GSL analgesics pack size from that of the P and multiply the two products together. What might the Beatles song be?

12) Some dispensary shelving worth £188,500 and an interest in a restaurant named Pharmacy saw which Turner Prize winner's name on C&D pages on more than one occasion?

- a) Leonardo Da Caprio
- b) Tony Hart
- c) Damien Hirst
- d) Chris Ofili

13) What was the title given to that rather expensive dispensary shelving artwork installation?

- a) Masonic Aztec eats xylophone
- b) God
- c) Still life – not far from death
- d) Mother and child divided

14) Allwells, Healthwise, Amber, Suncross, Azura were all considered as names for a new combination. What name was finally selected?

15) Which company merely fought off speculation – rather than actually admitted – that it has been in merger talks this year?

- a) Glaxo Wellcome
- b) AHP
- c) Zeneca

- d) Rhône-Poulenc Rorer
- e) SmithKline Beecham
- f) Monsanto
- g) Hoechst Marion Roussel
- h) None of the above

16) Which of the following has not had a sudden demise this year?

- a) Tasmar/tolcapone
- b) Terfenadine 120mg
- c) Rohypnol/flunitrazepam
- d) Serdolect/sertindole
- e) Posicor/mibefradil

17) Which film did the Young Pharmacists' Group theme their conference around this year?

- a) Fear and Loathing in Las Vegas
- b) One Flew Over the Cuckoo's Nest
- c) The Full Monty
- d) Flash Gordon
- e) Brief Encounter

18) Following the incident on Clapham Common, which resulted in Paul Boateng MP's move from the Department of Health to the Home Office, and with Baroness Jay becoming leader of the Lords and minister for women, who have taken their places in the health ministry team?

- 19) Which is the odd one out?
- a) CHI
  - b) NICE
  - c) PLEA
  - d) LHG
  - e) PCG

Send your answers to Year End Quiz, Chemist & Druggist, Miller Freeman UK, Miller Freeman House, Sovereign Way, Tonbridge, Kent TN9 1RW, to arrive by January 15. Please make sure you include your name, address and a daytime contact telephone number. A prize of £100 will go to the sender of the first set of correct answers to be drawn out of the hat (or the person with the most correct answers). There will also be ten runners up prizes of the limited edition Xrayser Clock.

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# An education for life

Inspired by an Australian drug misuse education programme, pharmacist **Dick Hazlehurst** used his Rotary Club presidency to set up a similar project in Bradford to teach young children about the dangers of drugs

**A** little over ten years ago, on the verge of becoming president of the Rotary Club in Bradford, I was looking around for a project to adopt for my year of office. My Club wanted to support something close to home. As pharmacists, my wife and I were conscious of the increase in drug misuse; as the parents of a five-year-old, we were frightened of it!

At just the right moment, I was introduced to Life Education.

In the mid-1970s, a preacher called Ted Noffs was running a drop-in centre for young drug misusers in Sydney, Australia. He soon realised that his efforts to help were too late for many. He was officiating at their funerals, when he had hoped to be helping them to return to normal life. Adopting the old Jesuit maxim of "Give me a child until he is seven, and he is mine for life," Rev Noffs developed Life Education.



Dick Hazlehurst and puppet in a Life Education lesson

For me, this is Australia's most exciting export (with the possible exception of Jacob's Creek). It is based on the belief that effective drug education cannot be left until adolescence, since attitude and behavioural intentions are formed long before then.

Life Education is delivered as a structured series of lessons, provided in a sophisticated electronic classroom. Children visit the classroom approximately once a year from age five to 13. They learn what wonderful organisms their own bodies are, how delicately they remain in balance, and what happens when different substances are put into them.

The programmes do not use scare tactics; instead they are entirely positive in their approach, teaching children self-esteem and decision making, and how to understand peer group pressure. The intention is that, by the time children reach the age of being tempted by tobacco, alcohol, solvents and drugs, they will have the knowledge and confidence to make sensible decisions.

The experience of a Life Education lesson, depending on the age of the class, might involve going to a chimpanzee's birthday party and learning about a healthy diet, or

meeting a giraffe called Harold who has been tempted to smoke behind the bicycle sheds; or going on a space flight to a planet called Conformatron, where all the children eat and dress in the same way, and are allowed to smile only twice a week.

During the early 1980s, several notable visitors to Australia came into contact with Life Education, significantly HRH Prince Charles and the band Dire Straits. Thanks to Dire Straits and the Prince's Trust, Life Education came to England around 1985; and through a Rotary colleague of mine, I learned about it early in 1988.

The year 1988-89 was one of the most exciting and hectic years of my life. It would have been virtually impossible without the support of Judy, my wife, who did a huge amount of locum work. (As an aside, it is interesting to note that the 'unit of work' of a pharmacist is quite small. Judy would walk in at the last minute and I could show her which items I had completed and which were still to do, and walk out. There are few, if any, other professions where practitioners can so easily change places).

We set ourselves the objective of 'introducing Life Education to Bradford', and our hope was that we

## Explaining standardised senna

This is the sixth and final column discussing the constipation market. This week we focus on standardised senna, a natural way to treat constipation. Senna has been recognised and used for its laxative effects since early Egyptian times, although until senna became 'standardised' in 1952, its effects were somewhat unpredictable.

*Senokot* has always used standardised senna and provides sufferers of occasional constipation with predictable, overnight relief. It is particularly helpful in later life and in situations where it is desirable to avoid straining at the stool, eg, after surgery.

Senna is a natural stimulant laxative. The active ingredients, sennosides, pass unchanged through the upper gut and become active in the colon where they are broken down by bacteria. Here they stimulate the nerves which regulate bowel movement encouraging bowel contraction and the passage of stools.

The benefit to your customer of recommending senna is that its action is specific to the colon (unlike other stimulant laxatives which can affect the upper GI tract). It is a gentle stimulant providing predictable overnight relief.

We hope that you have gained an insight into the value of recommendation in the constipation market and its impact on your pharmacy business.

### Abbreviated Essential information:

**Senokot: Active ingredients:** Each tablet contains standardised senna equivalent to 7.5mg total sennosides. Each 5ml spoonful of syrup contains standardised senna extract equivalent to 7.5mg sennosides. Each 5ml (2.73g) spoonful of chocolate granules contains standardised senna equivalent to 15mg total sennosides and 1.64g of sugar.

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## The common cold – encouraging customers to self-medicate



Despite recent publicity promoting the pharmacy as a source of health care advice, twice as many consumers still visit their GP rather than the pharmacist for assistance with the symptoms of colds and flu, according to a Mars Confectionery TUNES Coldline survey.

However, the coughs and colds season offers you a unique opportunity to play a pivotal role in advising your customers on self-medication and the best ways of coping with their seasonal ailments.

Patients who understand the limited effect that antibiotics have on their cold and flu symptoms are more than happy to speak to their pharmacist for advice on OTC medicines. The Tunes Coldline survey also showed that cold sufferers are getting used to the idea of self-medication: it recorded on average of over 1,000 calls *each week* from members of the public requesting information.

This indicates that cold and flu sufferers look for both physical and emotional relief for their symptoms. Pharmacists are in a unique position to provide both advice on medication and re-assurance on the best way to treat symptoms.

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The TUNES Coldline number appears on each pack. Consumers can call an helpful information pack. For more information on TUNES or LOCKETS contact Gordon Storey or Philippa Leon at Mars Confectionery on 01753 550055

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might bring enough influential people into contact with the project so that it would eventually come to be used in the city's primary schools.

The first task was to organise a five-day promotional visit by a mobile classroom complete with its trained educator. We sent invitations to everyone who was a potential supporter - politicians, educationalists, health workers, police officers, business executives, religious leaders.

One of the great strengths of the Rotary Movement is the 'old boy' network. We used it unashamedly, and called on Club members to spread the Life Education message. Looking back on it, it really was a matter of metaphorically knocking on many, many doors in the hope that sooner or later the right ones would open. And they did.

We had some setbacks, but we received support in many forms and from many people and organisations - and still do. Some contributions amounted to many thousands of pounds. At the other end of the scale, were those which constituted moral support. But they were all valuable, and the result was that the Rotary Club of Bradford brought Life Education to the city in April 1990.

Since setting up the project, Judy and I have enjoyed experiences that we would never have imagined would come our way; meetings with drugs tsar Keith Hellawell and then home secretary Michael Howard, hosting Queen Anne-Marie of Greece at a Banquet; attending two Royal Garden Parties, and receiving a Ross McWhirter Award.

Because Rotary presidents do not take on projects which commit their successors, the Club set up a charitable company, Life Education (Bradford) Ltd, to which it handed the proceeds of the year's work. The company now owns and operates a mobile classroom in partnership with the local education authority, which employs a teacher who is seconded full time to the project.

The first eight years of Life Education in the city's schools have been extremely successful. One testimony to that is the fact that every school visited has rebooked for the following year. But it does not stop there.

There are some 57,500 children in the target age-group in the Bradford Metropolitan area. Experience has shown that a single teacher/mobile classroom combination can reach, at most, around 13,000 per academic year, so it would need four mobile classrooms with perhaps six teachers to reach all children of the five to 13 age-group. We have acquired a waiting list of schools wanting to provide Life Education for their pupils, and we started metaphorically knocking on

## LIFE EDUCATION CENTRES



Children learn about self-esteem and decision making

doors again, a year or so ago.

Once again, the right ones have opened. In this case, a local charity called the Cinderella Club has given the whole £55,000 capital cost of a second mobile classroom and, even against the background of recent cuts in education authority budgets, Bradford's LEA agreed to fund a second teacher to work in it.

The current 'mobile' is towed by the Royal Mail, stored during school holidays by the Police and has an alarm system supplied and maintained by a local company. All of these support services incur no cost to the project. The acquisition of a second mobile unit will bring its own problems, and we have been expanding the management committee in recent months in the hope that more people will bring more ideas.

It has always been the philosophy of Life Education Centres worldwide, and an absolute prerequisite of the whole Life Education in Bradford Team, to provide programmes to as many children as possible, regardless of their background and their ability to pay.

For over eight years, Bradford's Life Education unit has visited schools throughout the district and has welcomed children of both genders, many ethnic groups, and of a wide range of physical and mental abilities and of social background and skills.

By working closely with teachers/group leaders, we have been

able to adapt the programmes to suit the needs of children with learning difficulties or behavioural problems. Presentation style, responses of the educator and the programmes themselves are constantly reviewed in the light of feedback from children and teachers.

Life Education does not pretend to be the solution to the 'drug problem', but we believe it will help. We are often asked how we know whether it works. The simple answer is that it is almost impossible to prove objectively that it does. Any behavioural change which might result from the programme, would take 15 years or so to show up.

Inevitably, it would only be a small change in the total population's behaviour, and there would be many, many other environmental factors which would also have had an effect over that time. It is better, therefore, to think of Life Education as a catalyst which can be used alongside other long-term drugs prevention programmes and which integrates easily into a school's personal and social education programme.

But on a subjective level, and speaking for those of us who have had the privilege of sitting at the back of a class of eight or nine-year-olds, and watching the enthralled look on their faces, and listening to their complete involvement in the experience of the annual Life Education visit, we just know it must be having an effect.



## IN BRIEF

**Shield to raise £1.96m**

Shield Diagnostics plans to raise £1.96 million by placing 425,532 shares with institutional investors. The placing values each share at 470p and has been arranged by Nomuro International, Shield's broker. Shield will use the money to fund its research on Afecta and homocysteine cardiovascular tests.

**UniChem answers queries**

UniChem Financial Services is offering advice to pharmacists who want to plan their finances in the light of the Government's discount clawback enquiry. Contact the company's retail finance managers: Roy Shaw on 0181 391 7109, Paul Williams on 0181 391 7108 and John Jaquiss on 0181 391 2323.

**Chemists' sales buck the trend**

About 58 per cent of pharmacists said their retail sales grew in November – one of the strongest performances in the Confederation of British Industry's latest survey. Retailers, on average, saw their sales fall 9 per cent. The British Retail Consortium's figures, however, suggest that last month's retail sales growth was the smallest in two years.

## Cox refused opiate import licences

Cox Pharmaceuticals has failed in its test case bid to import powdered opiates from outside the European Union.

Jack Straw, the home secretary, had refused to sanction the company's plans to import dihydrocodeine tartrate and codeine phosphate from Hungary and Australia (C&D last week, p32). It has, however, been granted a licence to import the substances from Italy.

Mr Justice Sullivan, who dismissed Cox's judicial review challenge, said that Mr Straw's policy was motivated by the desire to stop the "unnecessary" movement of narcotics throughout the world. He added that "different conditions prevailed" in the EU, where all member states have policies at least as restrictive as Britain's on importing narcotics from outside the EU.

The home secretary had been justified in taking a "different and less stringent approach" to importation of narcotics from within the EU, and this could not be categorised as disproportionate – the term used by the company's counsel David Pannick QC to describe Mr Straw's decision.

# Ceuta to market Glaxo Wellcome OTCs

PHARMA  
Consumer Care

Ceuta Healthcare is to market Glaxo Wellcome's top three OTC brands – Zantac 75, Beconase and Zovirax – in independent pharmacies next year. The move will take place after GW's dissolution of its joint venture agreement with Warner Lambert Healthcare.

The joint venture, which was set up in 1994 to market both Glaxo and Wellcome POM to P switches, is scheduled to be dissolved before the end of December. If it succeeds, Ceuta will market the brands from January 1.

Zantac 75 has a 4.6 per cent share of the UK indigestion remedies and antacid market, Beconase has 17 per cent of hay fever treatment sales, and Zovirax 73 per cent of the cold sore treatment market.

GW's brands will come under a new division set up by Ceuta – Pharma Consumer Care (PCC) – to cope with its expanding business.

Annette D'Abreo, Ceuta's sales and trade marketing director, said the deal

follows months of negotiations with GW. "It's a long-term relationship," she said.

Ceuta, based in Bournemouth, has set up new offices for PCC in Ringwood, Hampshire. The new division has 14 sales staff and two tele-sales. Its director is Chris Clarkson, formerly head of Ceuta's national accounts division.

PCC's tasks, on behalf of GW brands, will range from putting up merchandising displays to training pharmacy assistants.

Ms D'Abreo said Ceuta had reached the point where it had to take on new staff. "So many people wanted to use us that we had reached critical mass – we had to set up a completely new division," she said.

PCC will have a different portfolio to Ceuta's established team, which also has 14 sales representatives.

The new division is negotiating distribution deals with other pharmaceu-

tical companies and expects to announce their names in January.

The turnover of the brands Ceuta handles is projected to reach £20 million this year. With PCC's contribution, the company's turnover should rise 30 per cent next year, according to Ms D'Abreo.



Annette D'Abreo, Ceuta's sales and trade marketing director

## UK medicine trade balance falls 13 per cent

The UK's trade balance in medicines, defined as exports minus imports, has fallen for the first time in a decade, according to the Association of the British Pharmaceutical Industry.

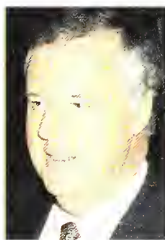
With medicine exports down 4 per cent to £2.652 billion for the first half of this year, and imports up 2 per cent to £1.63bn, the trade balance surplus was £1.179bn, a 13 per cent drop on the same period last year.

Dr Trevor Jones, the ABPI's director general, said the decline was worrying and could not be blamed on the strong pound. "It is a symptom of a deeper malaise, with other countries overtaking the UK in providing a better, more welcoming environment for the global pharmaceutical industry," he said.

Over-regulation in the industry, he added, would also hinder innovation. "One of the prime concerns is that this message has not been fully under-

stood," he said.

Dr Jones is also concerned about the Government's plans to tighten up the Pharmaceutical Price Regulation Scheme. The NHS Bill, unveiled last month, will introduce reserve pow-



Dr Trevor Jones, ABPI's director general

A report by the Monitor Company, commissioned by the ABPI, suggests that profit and price controls on pharmaceuticals will become unnecessary because global competition will make companies focus more on prices.

Monitor's report, 'The UK Pharmaceutical Industry at the Crossroads', says that the market's

globalisation, lowering of trade barriers, and an increasingly international and mobile pool of scientific and commercial staff, mean that companies need fewer sites and have more scope to locate them wherever they want.

It says the UK can maintain its leading position by:

- developing and attracting the necessary skills. The UK lacks critical skills in new high-tech areas, such as bioinformatics and genomics
- attracting capital investment
- maintaining a regulatory framework which encourages innovation
- encouraging scientific entrepreneurs, identifying areas where technologically advanced work is being done, and encouraging firms to locate there.

The report says the Government must work closely with pharmaceutical companies to ensure these objectives are met.

## AAH appoints marketing manager in department restructure

AAH Pharmaceuticals has appointed Stephen Leadbeater as marketing manager (trade and category).

Mr Leadbeater spent seven years with Boots Pharmaceuticals before he joined Tesco as a senior buyer in its healthcare section.

He was later promoted to health-

care and oralcare buying manager.

AAH said the appointment completed its restructured marketing department, which is designed to focus more on independent pharmacists and is led by Steve Dunn, its marketing director.

Mr Dunn said Mr Leadbeater could

use his experience in healthcare retailing to "act as an interface between AAH customers and the industry, working with manufacturers to develop category plans, select ranges and put together promotional programmes to work hand-in-hand with the community pharmacist".



## ADVANCED INFORMATION

The Society of Cosmetic Scientists is holding a diploma course on **January 7** at the London College of Fashion, John Princes Street, London W1. 'Choosing the right fragrance can save lives - an insect's eye view of the cosmetics industry'. Speaker: Nigel Hill (London School of Hygiene and Tropical Medicine). Apply for registration on tel: 0171 514 7400.

The Royal Pharmaceutical Society of Great Britain is holding a residential course on **January 13-15**, at The Stakis Hotel, Bath. 'Validation in Pharmaceutical Analysis'. Details from Dr JA Clements, tel: 0171 735 9141.

The Royal Pharmaceutical Society of Great Britain is holding a one-day seminar on **January 14** at the Society, 1 Lambeth High Street, London SE1. 'Approaching Risk Management in Aseptic Services'. Further details from Dr JA Clements, tel: 0171 735 9141.

The Society of Cosmetic Scientists is holding a Diploma Ceremony on **January 18** at the Royal Society of Medicine, London W1. Further information from the Society on tel: 0171 514 7400.

# MCA to increase medicine licence fees by 5 per cent

The Medicines Control Agency wants to increase medicine licensing fees by 5 per cent for 1999/2000.

And it warns that "substantial real price increases" could be imposed over the next few years to maintain a high level of service and to recoup the current loss on its operating costs.

Its proposal - MLX 250 - says the hike will enable the MCA "to move towards a more balanced financial position and ensure longer-term financial viability".

The hike concerns products for humans, including homoeopathic brands, and medical devices.

Despite the rise, according to the MCA, licence fees will still be about 7.5 per cent lower than they were in 1997/98. In 1998/99 the MCA cut the fees by about 12.5 per cent - it claims they have been reduced by around 30 per cent in real terms since 1992.

Licence fees, on average, are said to be about 18 per cent lower than the MCA's operating costs.

Copies of MLX 250 have been sent out to pharmaceutical companies and

their associations, who must send back their comments by January 19, 1999.

The following table highlights selected licence fees, which will have to be paid after April 1, 1999.

MCA licence fees from April 1, 1999

Major	Current, £	Proposed, £
<b>National fee</b>	55,000	57,750
<b>Abridged complex</b>		
National fee	15,000	15,750
<b>Abridged standard</b>		
National fee	5,500	5,775
<b>Abridged simple</b>	1,500	1,575
Parallel import	1,000	1,050
Change of ownership	250	260
Manufacturers' licences		
Standard	1,650	1,730
<b>Licence renewal applications</b>		
Manufacturers' licences NOP	85	90
<b>Licence variation applications</b>		
Marketing authorisations		
PL (PI) Standard	200	210
Manufacturers' licences		
Standard	180	190
Wholesale dealers' licences		
Standard	210	220
<b>Inspection fees</b>		
Sterile site: supersite	10,000	10,500
major	5,500	5,775
standard	3,500	3,675
minor	1,700	1,785
Non sterile and sites used for sterilisation only:		
supersite	6,000	6,300
Sterilisation only:		
major	3,500	3,675
standard	2,900	3,045
minor	1,560	1,640
Assembly only:		
supersite	4,700	4,935
major	2,510	2,635
standard	1,680	1,764
minor	600	630
Wholesale dealer		
standard	690	725
reduced rate	315	330

## Ex Hills md builds up pharmacy agency

A former managing director of the Hills Pharmacy chain is building up a business selling pharmacies on behalf of their owners.

Allan Orme, who runs his pharmacy transfer agency from Dibden Purlieu, Southampton, has negotiated the sale of about one pharmacy a month since he set up business late last year.

He has 300 names on his buyers' register and is negotiating the sale of another 12 pharmacies. One of his latest clients is Atul Vyas, who sold three Bournemouth-based pharmacies in order to move to Melbourne, Australia.

Mr Orme started up his agency to

use the experience gained at Hills and from establishing AAH Pharmaceuticals' pharmacy loan scheme. While at AAH, he helped pharmacy buyers obtain funds, put together cashflows and business plans, and he co-ordinated their business purchases.

When AAH centralised its operations in Coventry last year, Mr Orme decided to go it alone. "I take the headaches out of selling a shop by finding a buyer, agreeing a price, and setting up the main terms of the deal with the solicitor," he said.

His fees are based on a sliding scale: 1.5 per cent of a small pharmacy's goodwill value; and 0.5 per cent for pharmacies whose goodwill value exceeds £500,000.

Mr Orme expects the rate of pharmacies being offered for sale to rise next year, partly because pharmacists are taking advantage of the retirement relief they can obtain on capital gains tax. And in 18 months' time, other pharmacists could be persuaded to sell by eager graduates streaming from the fallow year courses. "There are a lot of young pharmacists who want to come in and who have the energy and drive to make it a success," he said.

But most independent pharmacies, says Mr Orme, remain deeply committed to their outlets.



Allan Orme (right) with client Atul Vyas

## Pharmaceutical companies are slow payers

Small pharmaceutical companies are developing a poor record for paying their invoices on time, according to a survey by market researcher Experian.

On average, these companies take 59 days to pay their invoices, five days longer than they took six months ago, and this is one of the biggest increases in the UK.

Large companies, in any sector, take longer to pay than smaller ones. Large banks are the worst offenders - their creditors have had to wait an average of 82 days, 16 days longer than before. The industry average is 58 days.

Most companies are taking longer to pay their bills and Experian believes this is a consequence of the economy slowing down.

As the economy slows, many companies are using their suppliers as unofficial bankers to help improve their cash flow, claims Peter Brooker of Experian. Many of the larger companies only allow customers a credit period of 37 days. This means that they are effectively using their suppliers to fund over a month's free credit.

Companies can take steps to protect themselves from late payments by checking their credit worthiness and past payment performance. If a customer is persistently paying late, companies should try to change their credit terms or build additional financing costs into their prices.

The survey covered over 212,000 companies in 31 industrial sectors.



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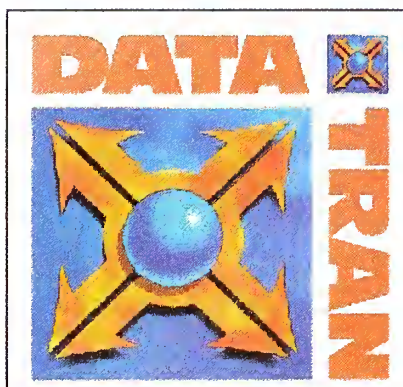
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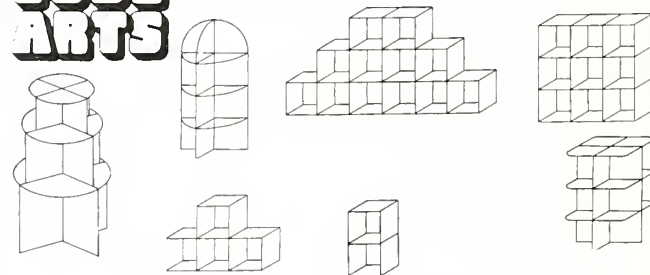
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## Good set of results for Ceuta



What a motley crew, you might think, and why are they all looking so pleased with themselves? It seems that the delight of hearing your exam results is the same whether you are 18 or 21 ... or a bit older, as is the case here. This is the Ceuta Healthcare sales team and 12 of those pictured were among the first to sit and pass the PAGB's new 'Diploma in OTC Healthcare' exam at the end of November. Distinctions go to Andy McCormac (third left) and Simon Cooper (third right).



Calpol was voted *Mother and Baby's* 'most essential pharmaceutical product' for the third year running recently. The price of fame for senior product manager Nick Burgoyne was to have his picture taken sandwiched between TV personality Jonathon Ross and the editor of the aforesaid magazine at last month's awards ceremony. It looks like it was a painful experience, even for an outgoing chap like Nick ...

## Keep it brief, son

Americans, it has been observed, love to complicate the pristine clarity of the English language. The latest newsletter of the Industrial Pharmacists' Group of the Royal Pharmaceutical Society highlights a good example of the genre.

Taken from 'Human drug CGMP notes' as issued by the Office of Compliance, Center for Drug Evaluation and Research, FDA, and published in October, it reads:

"The latest edition of 'Human drug CGMP notes' introduced a particular form of deductive reasoning known as sorites. This was applied to CGMP regulations. Again, a sorites is an elliptic series of propositions arranged so that the predicate of the first premise is the subject of the next premise, and so on, until a conclusion can be obtained by uniting the subject of the first with the predicate of the last. You may find this helpful to expand your knowledge of CGMPs and simultaneously test and improve your reasoning skills."

Sounds like an erudite way of going round and round in circles.

# A saintly opening

How about your very own exhibit at the Science Museum for a bit of one-upmanship? Norton was making the most of it last week when its stand was opened by Shaznay Lewis of the All Saints pop group.

The interactive exhibit features the Easi-Breathe inhaler and will be on display in the Technology Futures showcase until March. Through its touch screen and video cartoon character it aims to highlight important facts about asthma and how to use the Easi-Breathe.

Shaznay (right), an asthma sufferer herself, said with commendable brevity: "Anything that will help people with asthma has got to be good!"

The inhaler has also won a prestigious engineering award. Its designers were presented with the MacRobert Award by HRH Prince Philip at Buckingham Palace last week. The annual award is from the Royal Academy of Engineering for outstanding innovations of benefit to the community. It comes with a gold medal and prize money of £50,000.



## A philtre of purple prose

The *Literary Review* has, in recent years, organised a 'Bad Sex' award for the worst description of scenes taking place behind closed bedroom doors in a piece of literature.

May we suggest that *LS* editor Auberon Waugh consider a special award for press releases. We proffer the case of Lolita Lempicka - a new fragrance which we were told about in a fairy tale booklet tied with a purple ribbon.

'Le Philtre d'Amour de Lolita Lempicka' is the tale of a young woman, revelling "in the heady excitement of preparing for her tryst". How tongue in cheek the copy writer was when creating this tale/press blurb could be debated, but it raised some smiles (or eyebrows) here. Choice passages include:

"And the knowing fairy stretches out her long sparkling fingers to reveal the object of seduction."

"Thrillingly her fingers explore its shape for the first time ... Ever so gently, she unscrews the antique gold stopper and savours the pleasure of discovery."

"She sees a golden sphere and rolls it over her skin - there just behind her ears where the lobes begin - then glides it down her swanlike neck, between her breasts, closing her eyes to make the happiness last forever."

"Eagerly, then, she hastens towards her special rendezvous, clutching the precious wand in the palm of her hand, just for the pleasure of its touch ..."

Following *Xrayser's* comments earlier last week, we are left wondering if these products - the fragranced roll-on, the pregnancy test - are being launched as product spin-offs of the film remake of the Nabokov novel.

Cold showers all round.



Pharmacy technician students on the BTEC course at Coventry Technical College are benefiting from new computer equipment donated by wholesaler Mawdsley. Course team leader and pharmacist Sharon Maxted (right) and Michelle Biggs from Mawdsley-Brooks (second right) watch students get to grips with the new equipment



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